

## INFORMED PATIENT CONSENT FOR BREAST ULTRASOUND

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

### Patient Information

Your doctor has requested us to perform a breast ultrasound. It is important that you understand the procedures that are associated with this examination:

- During the procedure your breast will be exposed whilst the Sonographer completes the examination
- A third person may be present during the examination acting as a chaperone should you desire

### Questionnaire

Are you pregnant or breast feeding? ☐ Yes ☐ No

Are you using or have used HRT? ☐ Yes ☐ No

Do you have any family history of breast cancer? ☐ Yes ☐ No

If yes, state the relationship \_\_\_\_\_

Reason for having this breast ultrasound \_\_\_\_\_

Date of previous mammogram or breast ultrasound if any \_\_\_\_\_

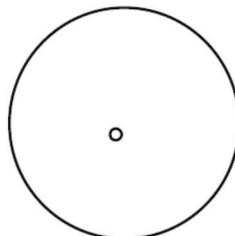
Are these films available for comparison? ☐ Yes ☐ No

If you have ever had breast surgery, mark the area of the surgery and year on the diagram.

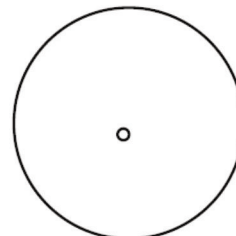
☐ Enlargement

☐ Reduction

☐ Lump Removal



Right



Left



### Patient Consent

I read the above explanation and understand and accept the procedure. I hereby consent to the performance of a breast ultrasound.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Patient)

Name \_\_\_\_\_  
(Interpreter if present)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Interpreter if present)