



## INFORMED PATIENT CONSENT FOR TRANSVAGINAL SCAN

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

Address \_\_\_\_\_

### Patient Information

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

- The ultrasound transducer will be placed in the vagina (the probe is sterilised)
- The transducer will be introduced with a latex / non latex type covering
  - Do you have an allergy to latex? YES / NO
- It will be necessary to move the transducer from side to side, up and down and may be swiveled to obtain images
- If you prefer, you may insert the transducer yourself, otherwise the person conducting the examination will do this
- A third person may be present during the examination acting as a chaperone, if required by the sonographer or yourself
- You may request the examination to be stopped at any time during the examination

### Patient Consent

- I acknowledge that the examining doctor / clinician has explained the proposed procedure
- I have been provided with information regarding the proposed procedure
- I understand the risks and complications involved in the procedure
- I understand I have the right to change my mind at any time including after I have signed this form but, preferably following discussion with my doctor
- I have been provided the opportunity to have any questions answered
- I therefore give my consent for the transvaginal examination to be performed

\_\_\_\_\_  
Patient Name (Print)                      Signature                      Date

\_\_\_\_\_  
Sonographer (Print)                      Signature                      Date

\_\_\_\_\_  
Chaperone (Print)                      Signature                      Date

**OR**



**Declined consent for Transvaginal scan**

I \_\_\_\_\_ understand the benefits of a transvaginal scan but on this occasion I have chosen to decline to undertake the procedure and wish to have the opportunity to discuss further with my referring practitioner.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sonographer (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Office Use: (Trans-vaginal examination did not proceed as determined by sonographer)*

*Patient was less than 18 years of age*

*Appropriate informed consent was not satisfactorily obtained due to language barrier*

*Other (Reason) \_\_\_\_\_*