

## CONSENT FOR PELVIC EXAMINATION

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Examination(s): \_\_\_\_\_

Section 456.51, Florida Statutes, requires the written consent of a patient or the patient's legal representative before a health care practitioner, medical student, or other student receiving training as a health care practitioner may perform a pelvic examination on a patient.

I, \_\_\_\_\_, patient / patient's legal representative hereby consent to the following examination(s):

Mark the type and/or Description of Examination(s) to be performed:

<input type="checkbox"/> Barium Enema	<input type="checkbox"/> CT Contrasted Enema	<input type="checkbox"/> Cystogram
<input type="checkbox"/> Genital Exam	<input type="checkbox"/> External Genitalia L&D	<input type="checkbox"/> Genital (swabs/culture)
<input type="checkbox"/> Pelvic Instrumentation (Uterine Manipulation)	<input type="checkbox"/> Perineal Swabs	<input type="checkbox"/> Prostate Transrectal
<input type="checkbox"/> Rectal Exam	<input type="checkbox"/> Scrotal Exam	<input type="checkbox"/> Scrotal Ultrasound
<input type="checkbox"/> Transvaginal Exam	<input type="checkbox"/> Urinary Catheterization	<input type="checkbox"/> Vaginal / Rectal Exam(s)
<input type="checkbox"/> Other (describe): _____		

The Examination(s) will be performed by one or more of the following individuals, whom, for purposes of this consent, are referred to as "health care providers" and have privileges within this facility to perform the marked examination(s) above:

<input type="checkbox"/> Physician	<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Nurse (RN, APRN, or LPN)
<input type="checkbox"/> Midwife	<input type="checkbox"/> Radiological Personnel	<input type="checkbox"/> Medical Student
<input type="checkbox"/> Student training as a Health Care Practitioner (Identify the area in which the student is receiving training): _____		
<input type="checkbox"/> Other Health Care Provider (Specify): _____		

For purposes of this consent, a "pelvic examination" means a series of tasks that comprise an examination of one or more of the following: vagina, cervix, uterus, fallopian tubes, ovaries, rectum, or external pelvic tissue, or organs. The examination may be performed using any combination of modalities which may include, but not be limited to, a health care provider's gloved hand or instrumentation.

By signing below, the patient (or the patient's legal representative) acknowledges that he/she has been given the opportunity to ask questions about the examination before signing this Consent and the patient (or the patient's legal representative) has voluntarily agreed to the examination(s) identified herein.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_/\_\_\_\_\_  
Date Time

\_\_\_\_\_  
Patient's Legal Representative Signature

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Patient's Legal Representative Printed Name

\_\_\_\_\_/\_\_\_\_\_  
Date Time

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Patient Identification/Label

DO NOT WRITE IN MARGIN

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