

TRANSVAGINAL SCAN - INFORMED PATIENT CONSENT

Patient Last Name:	Patient First Name:
Date of Birth (mm-dd-yyyy):	Patient Phone Number:

Please check as appropriate:

- Yes No I have previously had a Transvaginal Ultrasound procedure
 Yes No I am/have been sexually active

Patient Information

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

- The ultrasound transducer (a sterilized probe) will be placed in the vagina
- The transducer will be introduced with a non latex covering that will have a small amount of lubricating gel applied to make it easier to put inside you
- If you prefer, you may insert the transducer yourself, otherwise the Sonographer conducting the examination will do this
- It will be necessary to move the transducer from side to side, up and down or to use rotational movements to obtain images.
- A chaperone may be present during the examination if required by the Sonographer or requested by yourself
- You may request the examination to be stopped at any time during the examination

Risks and Complications of a Transvaginal Ultrasound

There are no known risks of performing a transvaginal ultrasound. It is normal to feel mild pain and discomfort during a transvaginal ultrasound scan. If screening is performed over an area of tenderness, you may also feel some pressure. If the scan causes you anything other than mild pain, please let the Sonographer know.

Patient Consent

- I acknowledge that the Sonographer has explained the proposed procedure and/or provided me 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 to stop the procedure prior to completion of the procedure.
- I have been provided the opportunity to have any questions answered

I give my consent for the transvaginal examination to be performed.

Patient Name (Print)	Patient Signature	Date
Sonographer (Print)	Sonographer Signature	Date
Chaperone (if applicable)	Chaperone Signature	Date