



PELVIC EXAMINATIONS CONSENT FORM

Patient Name: _____

Date of Birth: _____

• **CONSENT:** I, the above listed Patient or as the legally authorized person for the Patient, hereby consent to receiving pelvic examinations being performed by my physician or other health care practitioner, any medical student or any student receiving training as a health care practitioner.

• **NATURE OF PELVIC EXAMINATIONS:**

For the purposes of this Consent Form, a “pelvic examination” on a female means the series of tasks that comprise an examination of the vagina, cervix, uterus, fallopian tubes, ovaries, rectum, or external pelvic tissue or organs using any combination of modalities, which may include, but need not be limited to, the health care provider’s gloved hand or instrumentation.

For purposes of the Consent Form, a “pelvic examination” on a male means examination of the rectum, prostate, and external tissue or organs, including the penis or scrotum using any combination of modalities, which may include, but need not be limited to, the health care provider’s gloved hand or instrumentation.

I CONSENT TO RECEIVE PELVIC EXAMINATIONS AS DESCRIBED ABOVE, AND ALL MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION.

Patient’s Signature

Date

Legally Authorized Person Signature

Relationship to Patient

Legally Authorized Person Printed Name

Date

Witness Signature

Witness Printed Name

Date

**Due to Senate Bill 698 that was recently signed by the Governor, a separate consent for pelvic examination is required for all patients being seen in the office IN ADDITION TO the consent to treat that is already required.*