

Informed Consent for Pelvic Examination

A “**pelvic examination**” is the series of tasks that comprise an examination of the vagina, cervix, uterus, fallopian tubes, ovaries, rectum, or external pelvic tissue or organs (including the testes, scrotum and penis) using any combination of modalities. A pelvic examination may be performed using any combination of modalities, including but not limited to, the health care provider’s gloved hand or instrumentation.

A health care practitioner, a medical student, or any other student receiving training as a health care practitioner may not perform a pelvic examination on a patient without the written consent of the patient or the patient’s legal representative executed specific to, and expressly identifying, the pelvic examination unless:

- (1) a court orders performance of the pelvic examination for the collection of evidence; or
- (2) the pelvic examination is immediately necessary to avert a serious risk of imminent substantial and irreversible physical impairment of a major bodily function of the patient.

A pelvic examination is used to assist with diagnosing and/or treating conditions involving the pelvis. A pelvic examination may be necessary while a patient is under anesthesia prior to a surgical procedure.

The material risks and complications associated with a pelvic examination include, but are not limited to:

- (1) pain and/or discomfort;
- (2) secretion and/or discharge of bodily fluids;
- (3) bleeding;
- (4) puncture, perforation and/or damage to the pelvic tissue, organs and/or exam area; and
- (5) infection.

The material risks associated with refusing to consent to and undergo a pelvic examination include, but are not limited to:

- (1) The inability to obtain a diagnosis of a medical condition;
- (2) A delay in diagnosis of a medical condition; and
- (3) The inability to appropriately treat a medical condition.

By signing this consent for myself, or the patient of whom I am the legal representative, I authorize and direct my or the patient’s treating physician, Baptist Health System, Inc., its subsidiary providers, health care practitioners, medical students, and any other students receiving health care practitioner training involved in my or the patient’s medical care to perform a pelvic examination(s) on me or the patient, if deemed necessary or appropriate by the treating health care provider. I have read and fully understand the contents of this form. My or the patient’s health care provider and I discussed the risks, benefits, alternatives and indications associated with a pelvic examination. I understand the risks, benefits, alternatives and indications associated with a pelvic examination and all my questions were answered to my satisfaction. I understand that I may revoke this consent for any future pelvic examinations at any time by providing written or verbal notice of such revocation directly to my or the patient’s health care provider.

Patient Name

Date of Birth

Patient/Legal Representative Signature

Relationship to Patient

Printed Name

Date

Time

Provider Signature

Printed Name

Date

Time



Baptist Medical Center Jacksonville, Jacksonville, FL
Baptist Medical Center Beaches, Jacksonville Beach, FL
Baptist Medical Center Nassau, Fernandina Beach, FL
Baptist Medical Center South, Jacksonville, FL
Baptist Emergency Center Clay, Fleming Island, FL
Baptist Emergency Town Center, Jacksonville, FL
Baptist Emergency Center North, Jacksonville, FL
Baptist Emergency Center Oakleaf, Jacksonville, FL
Wolfson Children’s Hospital, Jacksonville, FL

CONSENT FOR PELVIC EXAMINATION



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PATIENT LABEL