UMC HEALTH SYSTEM

UNIVERSITY MEDICAL CENTER
Lubbock, Texas

Patient Label Here

CONSENT FOR EXAMINATION OF PELVIC REGION

For pelvic examinations under anesthesia for <u>student training purposes</u>.

A "pelvic examination" means a physical examination by a health care practitioner of a patient's external and internal reproductive organs, genitalia, or rectum.

During your procedure, your health care practitioner, or a resident designated by your health care practitioner, may perform or observe a pelvic examination on you while you are anesthetized or unconscious. This is a part of the procedure to which you have consented.

**With your further written consent,** your health care practitioner may perform, or allow a medical student or resident to perform or observe, a pelvic examination on you while you are anesthetized or unconscious, not as part of your procedure, but for <u>educational purposes</u>.

The pelvic examination is a critical tool to aid in the diagnosis of women's health conditions. It is an important skill necessary for students to master.

Your safety and dignity is of highest importance. All students and residents are under direct supervision during pelvic examinations.

You may consent or refuse to consent to an <u>educational</u> pelvic examination. Please check the box to indicate your preference:

☐ I consent ☐ I DO NOT consent to a medical student or resident being present to **perform** a pelvic examination for training purposes.

☐ I consent ☐ I DO NOT consent to a medical student or resident being present to **observe or otherwise be present** at the pelvic examination for training purposes, either in person or through secure, confidential electronic means.

_____ _____ **A.M. (P.M.)**
Date   **Time**

_____
*Patient/Other legally responsible person signature   **Relationship (if other than patient)**

_____ _____ **A.M. (P.M.)**   _____   _____
Date   **Time**   **Printed name of provider/agent**   **Signature of provider/agent**

_____
*Witness Signature   Printed Name

☐ UMC 602 Indiana Avenue, Lubbock, TX 79415   ☐ TTUHSC 3601 4th Street, Lubbock, TX 79415
☐ OTHER Address: _____
                                      Address (Street or P.O. Box)   City, State, Zip Code

Interpretation/ODI (On Demand Interpreting) ☐ Yes ☐ No_____
                                                                                  Date/Time (if used)

Alternative forms of communication used   ☐ Yes ☐ No_____
                                                                        Printed name of interpreter   Date/Time

Date procedure is being performed: _____

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