



**Florida
Health Care
Plans**



An Independent Licensee of the Blue Cross and Blue Shield Association

PELVIC EXAMINATION INFORMED CONSENT

I understand by law my health care practitioner requires written informed consent to perform a Pelvic Examination on me. I have been informed that I will be receiving a Pelvic Examination.

Description of the Examination

A "Pelvic Examination" means an examination of the vagina, cervix, uterus, fallopian tubes, ovaries, rectum, or external pelvic tissue or organs using any combinations of modalities which may include, but may not be limited to, the health care provider's gloved hand or instrumentation.

I have been informed as to the nature and process of the Pelvic Examination. Any and all questions have been answered to my satisfaction.

I hereby GIVE MY INFORMED AND VOLUNTARY CONSENT to receive a pelvic examination.

Patient's Name (Print)

Date of Birth

Patient or Parent/Authorized Healthcare Surrogate Signature

Date

Relationship of Healthcare Surrogate

Printed Name of Parent/Authorized Healthcare Surrogate

