

Gynaecological Examination Consent

Patient Name:

Date of Birth:

As part of your care a gynaecological examination will generally be performed by your doctor. The precise nature of this examination will be discussed with you prior. Please advise the practice if you would prefer to have a support person present. It is important that you communicate with your doctor if you feel uncomfortable at any point during this examination, either from physical discomfort or modesty discomfort.

Do you agree to a gynaecological examination?	Yes	No
Would you like to bring a support person for the examination?	Yes	No
Would you like us to provide a support person for the examination	Yes	No