



Affix Patient Label

Name _____ Date of Birth _____

Informed Consent:

Colposcopy

This information is given to you so that you can make an informed decision about having a Colposcopy.

Reason and Purpose of the Procedure:

After an abnormal pap smear, or if your cervix appears abnormal, your gynecologist may order a colposcopy. Colposcopy is a simple procedure completed in the office. You will be positioned on an exam table like you are for a pap smear. We will be using a colposcope, a powerful electric microscope. A bright light at the end of the scope allows the Doctor to view your cervix. The doctor may take a biopsy.

Benefits of this Procedure:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Identify abnormal cells
- Confirm HPV, Human Papillomavirus

Risks of Procedure:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

Risks of this Procedure:

- If a biopsy was done, there is a small risk of bleeding and infection which may require additional testing or medication.
- If a biopsy was done, you may have some cramping and discharge for a few days.

Risks associated with smoking:

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

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Risks associated with obesity:

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks specific to you:

Alternative Treatments:

Other choices:

- Do nothing. You can decide not to have the procedure

General Information

During this procedure, the doctor may need to perform more or different procedures than I agreed to.

During the procedure the doctor may need to do more tests or treatment.

Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.

Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.

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By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
 - I understand its contents.
 - I have had time to speak with the doctor. My questions have been answered.
 - I want to have this procedure: **Colposcopy**
- _____
- I understand that my doctor may ask a partner to do the procedure.
 - I understand that other doctors, including medical residents, or other staff may help with procedure. The tasks will be based on their skill level. My doctor will supervise them.

Provider: This patient may require a type and screen or type and cross prior to the procedure. If so, please obtain consent for blood/products.

Patient Signature _____
Relationship Patient/Parent of Minor Closest relative (relationship) Guardian/POA Healthcare _____ Date/Time _____

Witness _____ Date _____ Time _____

Interpreter's Statement: I have translated this consent form and the doctor's explanation to the patient, a parent, closest legal guardian.

_____ Date _____ Time _____
Interpreter (if applicable)

For provider use only:
I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options and possibility of complications and side effects of the intended intervention. I have answered questions and patient has agreed to procedure.
Provider Signature _____ Date _____ Time _____

Teach Back
Patient shows understanding by stating in his or her own words:
Reason(s) for the treatment/procedure: _____
Area(s) of the body that will be affected: _____
Benefit(s) of the procedure: _____
Risk(s) of the procedure: _____
Alternative(s) to the procedure: _____
or
Patient elects not to proceed _____ (patient signature)
Validated/Witness: _____ Date: _____ Time: _____