

Chaperone Confirmation for Consultations Involving Intimate Investigations/Procedures

Patient Name:
 DOB:
 NHS Number:

It has been confirmed that there is a genuine requirement for an intimate examination i.e. a Transvaginal Ultrasound Scan. This has been requested by a clinician who believes this examination is necessary as part of my diagnosis or treatment. A clear verbal explanation has been given and/or provision of written information about the procedure.

I confirm that I understand why I need this intimate examination and that the details of what the examination will involve have been discussed with me prior to the procedure taking place

Y / N

I have had the opportunity to ask questions and have been given a full explanation of what this involves

Y / N

I understand that I have been offered a formal chaperone for the examination in line with Trust policy

Y / N

I understand that I can discontinue the examination at any stage if I wish to

Y / N

I acknowledge that the ultrasound practitioner will explain to me what they are doing at each stage of the examination

Y / N

I confirm that I am happy to be examined without a formal chaperone present

Y / N

Patient

Print Name

Sign Name

Date

Ultrasound Practitioner

Print Name

Sign Name

Date