

**DR. T. SHEAHAN**

M.B.B.S. (QLD)., F.R.C.O.G. (LOND)., & F.R.A.N.Z.C.O.G.

**OBSTETRICIAN, GYNAECOLOGIST & FERTILITY SPECIALIST**

PN: 327853A

ABN: 43 421 062 534

Telephone (07) 3353 3100

Fax (07) 3353 4130

North West Medical Centre  
125 Flockton Street  
Everton Park QLD 4053

www.drsheahan.com.au

**PATIENT CONSENT FORM**

We require your consent to collect personal information about you. Please read this information carefully and sign where indicated below.

This medical practice collects information from you for the primary purpose of providing quality health care. We require you to provide us with your personal details and a full medical history so that we may properly assess, diagnose, treat and be proactive in your health care needs. This means we will use the information you provide in the following ways:

- Administrative purposes in running our medical practice
- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements
- Disclosure to others involved in your health care, including treating doctors and specialists outside this medical practice. This may occur through referral to other doctors, or for medical tests and in the reports or results returned to us following the referrals
- Administrative purposes in determining ultrasounds
- Disclosure to other doctors in the practice and by locums attached to the practice for the purpose of patient care and teaching. Please let us know if you do not want your records accessed for these purposes and will note your record accordingly
- Disclosure for research and quality assurance activities to improve individual and community health care and practice management. You will be informed when such activities are being conducted and given the opportunity to "opt out" of any involvement.
- Emergency situations whereby medical officers or hospitals require access to patient notes for urgent treatment purposes.

I have read the information above and understand the reasons why my information must be collected. I am also aware that this practice has a privacy policy on handling patient information. I understand that I am not obliged to provide any information requested of me, but that my failure to do so might compromise the quality of the health care and treatment given to me.

I am aware of my right to access the information collected about me, except in some circumstances where access might legitimately be withheld. I understand I will be given an explanation in these circumstances. I agree to disclosure by other doctors in other practices of my medical information to this practice. I consent to undergoing a vaginal and abdominal examination, and a vaginal and abdominal ultrasound. I have read the "Pelvic Ultrasound Information Sheet".

I understand that if my information is to be used for any other purpose other than set out above, my further consent will be obtained.

I consent to the use of an audio recording and subsequent transcription + storage of my medical consultation.

I consent to the handling of my information by this practice for the purposes set out above, subject to any limitations on access or disclosure that I notify this practice of.

Name: ..... Date of Birth: ...../...../.....

Signature: ..... Date: ...../...../.....

# Pelvic Ultrasound Patient Information Sheet

## **What is Ultrasound?**

Ultrasound uses sound waves to produce images. The sound waves are transmitted into your body from a small handpiece that is called an ultrasound probe. Some of these waves are reflected and are processed by the ultrasound machine to form pictures which are shown on a TV screen and recorded.

## **Is Ultrasound Safe?**

Ultrasound has been around for about 60 years now and numerous studies on patients and children who had been examined before birth, have shown that it is a safe technique with no harmful side effects.

## **The trans-vaginal ultrasound procedure**

The standard technique for looking at the female pelvis, especially before and during IVF or other fertility treatment cycles is by performing an internal trans-vaginal scan. The procedure will only take about 15 or 20 minutes. With your consent, you will be shown into the ultrasound room and asked to remove the bottom half of your clothing and lie down on a couch with a sheet covering you. You will be treated with dignity and your privacy protected at all times. The doctor or Nurse will explain in detail what is involved and why it is important to have this scan done this way and how it gives clearer images. The examination will be performed by a Doctor.

This procedure involves a sterilised probe with some gel-like lubricant covered by a protective sheath being inserted into the vagina and manipulated very gently to show the anatomy of the pelvis. This probe is usually inserted by the examiner. This allows transmission of the sound waves into your body to allow a close look at your pelvic organs such as the uterus and the ovaries. The probe produces sound waves that will form the images which then enables the Doctor to view your ovaries, accurately count and measure the follicles in the ovary and also to measure the endometrium which is the lining of the uterus. You will be completely unaware of these sound waves and there should be no discomfort during the examination apart from a little pressure.

## **Preparation**

There are varying preparations depending on the type of scan being performed. You will usually be asked to empty your bladder if an internal trans-vaginal ultrasound is booked. You will be told what to do when you make your appointment. A standard scan takes approximately 20 minutes but please allow a little extra time as sometime it can take a little longer than anticipated. You may want to have a support person in the room with you during your scan. Please discuss this with the person making the booking.

## **Results**

Your scan will be read by the treating clinician and the results discussed with you. The Clinician will use this information to determine the next stage of your treatment.