

Bay Area Midwifery Center, PA
2003 Medical Parkway, Suite G50
Annapolis, MD 21401
Telephone: (443) 481-4400
Fax: (410) 573-1097

GYNECOLOGICAL CONSENT FOR EXAMINATION/TREATMENT

A woman may choose to receive her routine gynecological/family planning care from a Certified Nurse-Midwife if she has a normal GYN history and is considered to be healthy and "low risk" medically. In order for you to make a decision about receiving your care from any provider we want you to be fully informed about this alternative and the risks of normal GYN examinations and procedures.

The Certified Nurse-Midwife works in consultation with the obstetrician/gynecologist both in and out of the hospital, and should problems arise that necessitate medical care, the obstetrician/gynecologist will take over management of your care with the assistance of the midwife.

My signature below attests to the fact that I authorize any member of the medical or midwifery staff to perform physical examinations on myself to confirm general health status, obtain the usual specimens and perform the usual diagnostics and treatment procedures including, but not limited to the following: physical examinations as necessary, including internal pelvic examinations with and without instruments; obtain blood, urine, tissue, or other specimens for laboratory tests; oral medications, intramuscular, subcutaneous, and intravenous injections as necessary; intravenous fluids as necessary; or other procedures as necessary. All of the above will be performed as necessary by any member of the medical or midwifery staff based of professional judgement.

I understand that in any particular case and in normal GYN procedures, complications may arise suddenly and unpredictably. It has been explained and I understand that there is a potential for infection, tissue damage, excessive blood loss, allergic reactions, and other unpredictable medical conditions. I have been advised that I may have more detailed explanations of each condition listed and of anything that concerns me.

The performance of any care may be at any offices of the Bay Area Midwifery Center, P.A. or elsewhere. I understand that in the selection and treatment of clients you rely on my medical history and the information which I provide about myself. I affirm that such information is correct and accurate to the best of my knowledge.

My signature below attests the fact that I have read and understand this statement. I have had an opportunity to ask questions.

Witnessing Staff Member

Client Signature

Date