

HYSTERECTOMY CONSENT FORM

PART I

This hysterectomy (is not being) (was not) performed solely for the purpose of rendering _____ permanently incapable of reproducing, and
(patient's name)
this hysterectomy (would be) (would have been) performed even without the purpose of rendering _____ permanently incapable of reproducing
(patient's name)
because of: _____.

Physician's Signature

Date

A hysterectomy consent form was not obtained because:

1. The patient _____ was sterile before this procedure because of:
(patient's name)
_____.

2. It was a life-threatening emergency and prior acknowledgement could not be obtained.

The emergency was: _____.

Physician's Signature

Date

PART II

I told _____ and her representative _____ both
(patient's name) (if one is present)
orally and in writing, that a hysterectomy will render her permanently incapable of reproducing.

Signature: _____
Person Obtaining Surgical Consent

Date

PART III

I have received and understood both oral and written information explaining that a woman undergoing a hysterectomy will be permanently incapable of having children after the operation.
I was informed of this before my surgery was performed.

Signature: _____
Patient

Date