Consent for External Genital Examination

Adolescent well examinations include an external genital exam as part of the well examination. Florida Statutes Section 456.51 (Consent for Pelvic Examinations) requires written consent by a patient or a patient’s legal representative before a health care practitioner may perform any type of pelvic examination on the patient including an external genital exam. By signing below, the undersigned patient (or the patient’s legal representative) acknowledges that he/she has been given the opportunity to ask questions about the external genital examination before signing this Consent for External Genital Examination and that the patient (or the patient’s legal representative) has voluntarily consented to the external genital examination by a health care practitioner. If the patient lacks the capacity to sign this Consent for External Genital Examination, this form will be signed by the person authorized to consent for the patient.

☐ I DO NOT CONSENT to an external genital examination by a health care practitioner.

I/we acknowledge that a health care practitioner at Pediatric Health Care Alliance, P.A. has explained to me/us the reasons for this external genital examination and the possible adverse health conditions that may not be discovered without having this examination.

☐ I CONSENT to an external genital examination by a health care practitioner.

I have read and fully understand the above statements and the explanation. This consent was given freely and voluntarily.

_____________________________
Name of Patient

_____________________________ Date: _________________
Signature of Patient or Legal Representative

_____________________________
Printed Name of Patient or Legal Representative

_____________________________
If Legal Representative, Relationship to Patient

_____________________________ Date: _________________
Signature of Witness

_____________________________
Printed Name of Witness