Obstetrics & Gynecology Science

Ha Kyun Chang, et al. Consent forms for gynecologic cancer surgery

Consent Form for Cervical Cancer Surgery

This consent form is required for your (the patient's) surgery. Before filling out this form, please listen to the explanation of the surgery and contact the medical staff if you have any questions.

Full Name

-	Dations	C	T4	formation

Identification Number

Hypertension/Hypotension

Current Medications

Smoking Status

Cardiovascular Disease

(heart attack, etc.)

Renal Disease (edema, etc.)

Date of Birth		Age/Gender		
2. Surgery Information				
Diagnosis				
Type of Surgery				
Approaches of Surgery	□ Laparotomy	☐ Laparoscopy	☐ Robot-assisted surgery	
Extent of Surgery	Hysterectomy: Type A Cervical conization Ovaries: Resection Lymph node dissection: Others (☐ Type B ☐ Type ☐ Radical trachelecto ☐ Preservation ☐ Not performed ☐ Pelvic lymph node	my □ Ovarian transposition □ Sentinel lymph node	
Participating Physician Operating surgeon:		Medical Specialty: Obstetrics and Gynecology / Gynecologic Oncology		
Expected Date of Surgery				
3. Patient Health Statu	ıs			
Past Medical History (diseases and injuries)	□ Yes □ No □ Unknown	Allergies	□ Yes □ No □ Unknown	
Idiosyncrasy	☐ Yes ☐ No ☐ Unknown	Diabetes	☐ Yes ☐ No ☐ Unknown	



Drug Abuse Airway Disorder

Bleeding Disorder

Pulmonary Disease

(cough, phlegm, etc.)

Others (

☐ Yes ☐ No ☐ Unknown

Supplementary Fig. 4. Consent form for cervical cancer surgery (English version).