Obstetrics & Gynecology Science

Vol. 65, No. 2, 2022

Consent Form for Endometrial 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

Allergies

Diabetes

Drug Abuse

Airway Disorder

Bleeding Disorder

Pulmonary Disease

(cough, phlegm, etc.)

)

Others (

1. Patient General Information

Identification Number

Past Medical History

(diseases and injuries)

Idiosyncrasy

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 Ovaries: ☐ Resection Lymph node dissection: ☐ Others (| ☐ Preservation | ☐ Sentinel lymph node |
| Participating Physician | Operating surgeon: | Medical Specialty: Obstetrics and Gynecology / Gynecologic Oncology | |
| Expected Date of Surgery | | • | |



☐ Yes ☐ No ☐ Unknown

Supplementary Fig. 5. Consent form for endometrial cancer surgery (English version).

☐ Yes ☐ No ☐ Unknown

☐ Yes ☐ No ☐ Unknown