

Obstetrics & Gynecology Science

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

Consent Form for Ovarian 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.

1. Patient General Information

Identification Number		Full Name	
Date of Birth		Age/Gender	

2. Surgery Information

Diagnosis			
Type of Surgery			
Approaches of Surgery	<input type="checkbox"/> Laparotomy	<input type="checkbox"/> Laparoscopy	<input type="checkbox"/> Robot-assisted surgery
Participating Physician	Operating surgeon:	Medical Specialty: Obstetrics and Gynecology / Gynecologic Oncology	
Expected Date of Surgery			

3. Patient Health Status

Past Medical History (diseases and injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Idiosyncrasy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Hypertension/Hypotension	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Current Medications	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Airway Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Smoking Status	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Bleeding Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Cardiovascular Disease (heart attack, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Pulmonary Disease (cough, phlegm, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Renal Disease (edema, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Others ()	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown



Korean Society of
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Supplementary Fig. 6. Consent form for ovarian cancer surgery (English version).