



Early Days Baby Scan Ltd - Information and Consent Form - Early Pregnancy Scan

Please complete and return this consent form prior to attending for your scan.

* Required

1. Please enter your full name *

2. Contact telephone number *

3. Contact email address - please let us know below if this is different to the one used for booking *

4. Date of Birth *



5. Address including postcode *

6. First day of last period (if known) *

7. How often are your periods (how long from the first day of one period to the first day of the next period)? Please state if your cycle is irregular or affected by contraception. *

8. Number of weeks pregnant (if known) *

9. Number of pregnancies (including this one) *

10. Number of children *

11. General health - is there anything in your medical or pregnancy history? *

12. GP name/practice details including address *

13. How did you hear about us? *

- Hospital TV/Flyer
- Wakefield Mumbler
- Flyer
- GP Pregnancy Booklet
- MyBump2Baby
- Social Media
- Internet Search
- Word of Mouth
- Had previous scan here

14. Any additional information? *

15. Please confirm that you have read and agree with the following:
- a) For the purposes of dating the pregnancy, I confirm the start date of my last menstrual period (LMP) as detailed above.
 - b) I understand that generally Early Days Baby Scan Ltd accepts clients for early pregnancy scans from 6 weeks of pregnancy. I have been made aware of the potential limitations of the scan findings should I be an earlier gestation than this.
 - c) I declare that I have contacted my GP regarding this pregnancy and I am engaged in an appropriate program of Antenatal Care.
 - d) I confirm that I understand that any dating is approximate at this stage and subject to confirmation by a scheduled NHS dating scan.
 - e) I confirm that I have declared any existing health conditions or any unexplained vaginal bleeding.
 - f) I confirm that I will declare to Early Days Baby Scan Ltd if I have any history of previous miscarriages, ectopic pregnancies or other complex obstetric history or medical conditions which are relevant to the scan process.
 - g) I acknowledge that there are risks in any activity involving a fetus. I understand that the scan I receive today will be provided by a qualified Scan Practitioner and follows BMUS (The British Medical Ultrasound Society) recommendations (following the ALARA principles for safety in Ultrasound Scanning – please ask for more details if required) for length of scan and frequency of ultrasound waves. I hereby take full responsibility for any complications that may arise during or after my pregnancy resulting from the scan provided today.
 - h) I understand that it is not the purpose of this scan to look for abnormalities but only to perform a visual check of the fetus to enable dating of the pregnancy. Only a small proportion of developmental problems can be detected using ultrasound scans and some problems cannot be identified until the baby is born. I understand that Early Days Baby Scan Ltd cannot be held responsible for any abnormalities that might be found later.
 - i) I understand that, for the reasons given above, the scan practitioner is unable to give robust diagnostic opinion nor medical advice in this context. If the scan reveals a possible anomaly in my pregnancy I do authorise the scan practitioner to inform me and to recommend that I contact my Antenatal Care Provider as soon as

possible. I do not require the scan practitioner to give any information to me other than that there is a possible anomaly. Confirmation of the nature and implications of this can only be given to me by my Antenatal Care Provider.

j) I understand the ultrasound scan today is non-diagnostic and non-screening. *

16. Please confirm that you have read and agree with the following:

k) I understand that the images from this ultrasound scan are visual souvenirs and not for medical or legal purposes.

l) I understand that under no circumstances should the scan provided by Early Days Baby Scan Ltd be a substitute for scheduled medical ultrasound scans performed as part of my scheduled care from my Antenatal Care Provider.

m) I understand that pregnancy is in a continuous state of development and that conditions can change rapidly, therefore I acknowledge that the viability assessment I receive today will be a marker of findings today, not a prediction of what may happen in the future.

n) I understand that the quality of the result of the ultrasound scan is dependent on the development and location of the early stage fetus, plus other maternal factors. I understand that a good image cannot always be achieved and that it may not be possible to get a good determination of the condition of the pregnancy.

o) I understand that Early Days Baby Scan Ltd intend to deliver a reliable determination of the status of my pregnancy, however this may not always be possible.

p) I understand that Early Days Baby Scan Ltd will keep my images for 12 months, but that unexpected losses can occur.

q) I understand that payment for the scan of the fee in full is due prior to the scan commencing. This amount is non-refundable once your scan has commenced.

r) Early Days Baby Scan Ltd reserve the right to modify services without notice.

s) Early Days Baby Scan Ltd accept no responsibility for any loss or damage to personal property whilst clients are on company premises.

t) Early Days Baby Scan Ltd ask that clients advise us at any time during the appointment if any aspect of the service falls short of their expectations. We encourage you to bring this to the attention of our staff by telephone, email or in writing at 4 Cheapside, Wakefield, WF1 2SD. All complaints will be responded to within 7 working days.

Waiver and Release of Claims: I agree that I shall have no right to take any legal action or legal proceedings of any kind arising out of or

17. Photo Release: I give consent to Early Days Baby Scan Ltd for the company to post or use any images obtained during my scan for the purposes or advertising/marketing. I am aware my recorded data will be held confidentially in line with current Data Protection law and that no names will be posted or used alongside the images. *

Yes

No

18. Please confirm you (client attending for scan) have read and acknowledged the content of questions 14, 15 and 16 as well as all terms and conditions. *

19. E-signature (please type your full name in the box below to confirm your consent). *

20. Date of signing *

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