



Early Days Baby Scan Ltd – Information and Consent Form – Gender Determination and/or 3D/4D

Name:				Phone Number:				
Email:				Date of Birth:				
Address (inc post code):								
Number of Weeks Pregnant:				General Health:				
Number of Pregnancies (including this one):				Number of Children:				
GP Name/Practice Details:								
How did you hear about us?	Hospital TV / Flyer	Wakefield Mumbler	Flyer	GP Pregnancy Booklet	Social media	Internet search	Word of mouth	Had previous scan here

- 1 Images can never be guaranteed - many factors out of our control can affect the quality of your images. We will do everything we can to provide you with the best images possible.
I understand that the images from this ultrasound scan are visual souvenirs and not for medical or legal purposes. I understand that Early Days Baby Scan Ltd will keep my images for 12 months, but that unexpected losses can occur.
- 2 I am currently receiving antenatal care; my doctor has been informed and has no objections to me attending this scanning session. 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 which is relevant to the scan process.
- 3 I acknowledge the scans I receive are strictly non-medical, non-diagnostic and non-screening. I acknowledge it is my responsibility to ensure I receive antenatal care either privately or via the NHS and that this scan should not substitute any care recommended to me by my healthcare provider. Please note: We require that all clients attend for scheduled ultrasound scans as recommended by their GP/Midwife/Obstetric Consultant.
- 4 The scan I receive today is for non-medical purposes. I agree that I have no right to claim any Medical Malpractice, Professional Negligence or any medical related claim arising out of or in any way related to my pregnancy or the birth of my child. This includes any claim for error in gender determination.

- 5 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, and that no proven detrimental effects have been found in over 40 years of studies. I hereby take full responsibility for any complications that may arise during or after my pregnancy resulting from the scan provided today.
- 6 I confirm I have notified a member of staff if:
 - I have suffered any bleeding, discharge or abdominal pain within 72 hours of my scan.
 - I have received medical care (private or NHS) within 72 hours of my scan (please supply further information).
 - I suffer from a medical condition that may affect my scan (eg Anterior placenta, Gestational Diabetes, Diabetes, Uterine Fibroids, Ovarian Cysts). Please note this may affect the feasibility of obtaining the scan and the quality of any resulting images.
 - If I have a multiple pregnancy. This may impact on the time available for the scan if we are not aware prior to scheduling.
- 7 I understand that payment for the scan of the fee in full is due prior to the scan commencing. This amount is non-refundable.
- 8 Early Days Baby Scan Ltd reserve the right to modify services without notice.
- 9 Early Days Baby Scan Ltd accept no responsibility for any loss or damage to personal property whilst clients are on company premises.
- 10 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 related to my visit to Early Days Baby Scan Ltd here today. I understand this does not affect my statutory rights.

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 of 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

Please sign and date below to confirm you have read and acknowledged the above information

Client's Signature:

Date: