



Consent for Mifepristone Abortion

Patient Name: _____

Date: _____

I certify the following to be true: I take responsibility for making the decision to have an abortion. I am sure of my decision and understand that once I take Mifepristone I am committed to the abortion process and I may not change my mind.

I am 18 years of age or older OR I am under 18 years of age and have my parents' participation.

By circling NO I certify that I do NOT have any of the following:

- Yes / No Heart Disease that is AHA class 3 or higher
- Yes / No Adrenal insufficiency
- Yes / No An IUD in place
- Yes / No Any blood clotting disorder and/or any medical condition that requires me to take "blood thinners" such as Aspirin (ASA), Coumadin (Warfarin), or Heparin
- Yes / No Seizure disorder or epilepsy that is not controlled by medication
- Yes / No Inflammatory bowel disease (such as colitis, Crohns, irritable syndrome)
- Yes / No Alcohol or drug addiction that is not being managed effectively
- Yes / No Allergy to Mifepristone or Misoprostol (Cytotec)
- Yes / No High blood pressure not controlled by medication
- Yes / No Long term use of corticosteroids
- Yes / No Known or suspected tubal (ectopic) pregnancy
- Yes / No Porphyria

I understand that Mifepristone is an FDA approved drug for abortion and that Misoprostol has FDA approval for preventing stomach ulcers.

I realize that there are possible side effects of the drugs, Mifepristone and Misoprostol. Mifepristone might cause nausea, diarrhea, and bleeding. Possible side effects of Misoprostol include but are not limited to nausea, vomiting, diarrhea, temperature, abdominal pain, and cramping. There is also a slight (less than 1%) but possible risk of hemorrhage that may require emergency treatment, hospitalization, and blood transfusion.

I understand the four Misoprostol tablets placed between the cheek and gum usually results in moderate to severe cramping that can last several hours, and pain pills may not provide complete relief. I understand that the intended result of inserting the Misoprostol pills is to abort the pregnancy and has about a 95% success rate. I understand Mifepristone is somewhat less effective if the pregnancy is between 49-70 days, and I have had a chance to ask questions about success and failure rates. I understand I may or may not be able to see the yolk sac, embryo, placenta, and pregnancy related tissue, and that it is not exactly predictable when the pregnancy will be aborted.

I understand that for my safety, in case of hemorrhage or other emergency, at the time I place the Misoprostol tablets between my cheek and gum that I will have a telephone available and a support person with me or "on-call" who has access to a car and is able to drive me if necessary during the time of miscarriage.

I have been advised and agree to stay within a reasonable driving distance from Presidential Women's Center from the time I take the first tablet orally until my follow-up visit, or I have been advised that it is safe to leave the area. I understand I may require medical attention before my follow-up visit that will be provided by Presidential Women's

Center. However, should I leave the area and am unable to return to the Center for care, it would be at my expense. I am releasing the Center from any liability and responsibility should I choose to leave the area.

I consent to receive all medications, shots, pelvic exams, blood and urine tests, and ultrasounds to be performed at Presidential Women's Center in the course of my treatment.

I understand that I may need to seek emergency medical and/or surgical treatment in the event of serious complications to include hysterectomy. I accept the responsibility for any and all costs for treatment outside Presidential Women's Center. I also consent to Presidential Women's Center's releasing my record to, or obtaining my records from, the physicians or hospital at which I am treated for a complication or emergency. **Please Initial:** _____

I understand a co-existing (twin) pregnancy in my fallopian tube is possible, and that Mifepristone will not abort a tubal (ectopic) pregnancy. Tubal pregnancies can burst and may result in death if not treated.

I understand if I fail to return for my follow-up ultrasound within one month's time, I may be responsible for the cost of the surgical abortion. I understand there is a slight risk of the following possible complications with a surgical abortion, and risks increase after the first trimester of pregnancy: infection, hemorrhage, incomplete abortion, tear or puncture of the uterus, cervix, bowel, or bladder, anesthetic reaction, scar tissue in the uterus, and possibly death. I understand that the risk of death (mortality) is much greater for childbirth than for a first trimester surgical or medical abortion, but that mortality exists for any outcome of pregnancy. I have been advised by the physician of the particular medical risks to a woman and fetus in carrying the pregnancy to term. The complication associated with pregnancy termination procedures are generally considered to not being more severe and in most cases less severe than those associated with childbirth. I have been informed by the physician as to the probable gestational age of the fetus.

I fully understand that the purpose of the procedure is to terminate my pregnancy, and I affirm that I have personally chosen pregnancy termination in light of the alternative of continuing the pregnancy to term. The Center has advised me of the availability of services of social agencies should I desire to continue the pregnancy to term. No member of the staff of the Center and no one else has coerced or compelled me to decide to terminate the pregnancy at the Center.

Your follow-up appointment is scheduled for _____ at _____. It is imperative that you keep this appointment even if you no longer think you are pregnant. The only way to confirm the success of this procedure is through an ultrasound. If you do not return for this visit you will be contacted by phone. **The phone number I can be called at is: _____ . I understand if I do not come in for my follow up visit and a phone call is made the confidentiality of my visit may be jeopardized.**

_____(initial) I have received the take home instructions for the Mifepristone abortion. I have reviewed the information and have had an opportunity to ask the physicians any and all questions I may have and the physician has answered them to my satisfaction.

Signature of Patient

Date

Signature of Witness

Date

Signature of Physician Review

Date

Signature of Physician

Date