

## Chart Review Form Medication Abortion

	Yes	No	N/A
Options counseling documented			
Adverse effects education documented			
Protocol explanation documented			
Informed consent form: In chart			
Labeled			
Signed			
Rh status documented			
Rhogam given (if indicated)			
Initial Beta-HCG level documented			
Hemoglobin level documented			
Pain medication prescribed			
Follow-up visit completed			
Assessment of abortion completion documented: History			
Beta-HCG level			
Sono			
Contraception plan documented			
Pap smear result documented (if applicable)			
Gonorrhea and Chlamydia results documented *Appropriate treatment offered (as indicated)			