

Patient Name:
 Chart Number:

MEDICATION ABORTION CHARTING FORM

	Yes	No	N/A
Abortion options counseling documented			
Expected effects explained			
Protocol explained: Timing of medications			
Option for follow-up visit or phone call			
On-call contact information			
Contraindications ruled out			
Mifepristone medication guide/patient education sheets given			
Mifepristone patient agreement signed			
Informed, evidence-based consent form signed			
Rh status documented (if known, testing can be forgone up to 77 days LMP)			
Rhogam given (if indicated)			
Pregnancy dating confirmed			
Initial quantitative HCG level (if needed): _____			
Initial hematocrit level or hemoglobin documented (if history of anemia): _____			
Pain medication prescribed			
Mifeprex lot number recorded: _____ date: _____			
Follow-up visit or phone call completed (optional), date: _____			
Assessment of abortion completion:			
History			
Negative home pregnancy test 4 weeks after mifepristone			
Beta-HCG			
Ultrasound			
Contraception counseling offered			
Contraception plan reviewed			