

## Consent for an abortion with pills

Write your initials before each statement to show that you understand and agree with it.

\_\_\_ I know that my three choices for this pregnancy are parenthood, adoption, and abortion.

\_\_\_ Having an abortion is my decision and no one has forced me to do this.

\_\_\_ I know that the pill abortion must occur in the first 11 weeks of pregnancy.

\_\_\_ I will take 2 medications. The first is mifepristone, which blocks a hormone needed to continue a pregnancy. I will take a 200 mg dose. The second medication is misoprostol. It causes the cramps which push out the pregnancy.

\_\_\_ I will receive the mifepristone tablet and will make a plan to take it at a time that works best for me.

\_\_\_ I will take 4-8 misoprostol tablets home with me. I will use them as instructed.

\_\_\_ I understand that 1 to 6 hours after I insert the misoprostol, I will have cramping and bleeding. The cramping can be very strong for a few hours, but usually not for more than 24 hours. The bleeding can be quite heavy with clots for a few hours. I may see some pregnancy tissue (usually white or gray in color). If the heavy bleeding lasts for more than 12 hours, or if I soak more than 2 maxi pads each hour for 2 hours in a row, I should call my clinician. I should call if I do NOT bleed within 24 hours of inserting the misoprostol.

\_\_\_ If I start to feel very ill, I will call the health center. Very rarely, people have had "toxic shock" type illness after a pill abortion.

\_\_\_ I understand that the pill abortion is very safe. There are some rare risks, which include infection, ongoing pregnancy, and heavy bleeding.

\_\_\_ I can have a check in appointment or phone call with my clinician in 7-14 days to make sure the abortion is complete. If everything went as expected, I will do a pregnancy test at the health center or do a home pregnancy test 4 weeks after taking the medications to ensure that the abortion is complete.

\_\_\_ I understand that misoprostol can cause serious birth defects. If the pill abortion does not work, I will need a procedure to empty my uterus or another round of medication.

\_\_\_ If a complication occurs, I request and allow my clinician to do whatever is necessary to protect my health and welfare.

\_\_\_ I have had this form read to me or read it personally and have had time to think about it. I have had all of my questions answered.

\_\_\_ I have been given the distributor's patient agreement to read and sign.

\_\_\_ If I had testing for sexually transmitted infections or blood type testing, I will be available at this number to get my results:

My Phone: \_\_\_\_\_ You can leave me a confidential message \_\_\_yes \_\_\_no

\_\_\_ I hereby consent that my clinician, \_\_\_\_\_ give me mifepristone and misoprostol for an abortion using pills.

Signature of Patient: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Clinician: \_\_\_\_\_

Date: \_\_\_\_\_