**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 |  |  |  |