

CHART REVIEW FORM: ASPIRATION ABORTION

	Yes	No	N/A
Options counseling documented			
Protocol explanation documented			
Informed consent form: In chart			
Labeled			
Signed			
Sonogram documented			
Hemoglobin level documented			
All medication use documented			
Contraception counseling offered			
Gonorrhea and Chlamydia done			
Induced termination of pregnancy form done			
Post-op instructions reviewed with patient			