

CONSENT TO ABORTION

I, _____, age _____, hereby give my consent, request and authorize _____, or a physician designated by he/she and any assistants to perform upon me an abortion by suction curettage (aspirate and scrape out the contents of the womb). During the abortion if any unforeseen condition requires procedures in addition to or different from those now contemplated I consent, request and authorize the physician and assistants to do whatever they deem medically advisable. I recognize this procedure will end this pregnancy. I am aware there are alternatives to abortion such as childbirth and adoption.

The nature of pregnancy, purpose of an abortion, the probability of success, the possible physical and psychological effects which might be unforeseen, and the possibility of complications including but not limited to *pain; suffering; emotional upset; retained products of conception; hemorrhage; infection; uterine perforation or damage to the cervix, uterus or adjacent organs; hysterectomy; sterility; missed pregnancy; ectopic pregnancy; adverse reaction to anesthesia or other medications; and in rare cases death* have been fully and reasonably explained to me. I am aware although my pregnancy test is positive and physical examination is suggestive of pregnancy there are rare instances where an intrauterine pregnancy is not confirmed. I understand although products of conception may be removed and identified during this surgical procedure there is no guarantee I do not continue to have another (combined) pregnancy outside the uterus. The medical and surgical procedures to be used have been fully explained and all questions answered to my satisfaction. I acknowledge that no guarantee or assurance has been made to me concerning the results that may be obtained.

I consent to the administration of anesthesia to be applied by my attending physician or whomever he/she may designate. I have discussed and agreed to the administration of LOCAL, IV SEDATION OR GENERAL ANESTHESIA (circle one) for the abortion. I understand there are risks with anesthesia including but not limited to allergic reaction, unanticipated depth of sedation, respiratory depression, respiratory arrest or death. Should hospitalization for any reason be necessary I understand neither the physician, employees, clinic nor corporation will be responsible for any cost incurred.

I consent to the disposal of any tissue which may be removed from my uterus following state and/or federal laws governing such disposal.

I read (or had read to me) and fully understand the consent to abortion. The nature of the procedure, risks, benefits and alternatives were fully explained and all my questions were answered to my satisfaction. I am able to make an informed and intelligent choice about abortion. To the best of my knowledge the pregnancy began on _____ (date of last normal menstrual period). I certify that this consent is made without coercion, duress or haste and while I am of sound mind and under no sedation whatsoever.

ADDENDUM FOR FIRST TRIMESTER PATIENTS

I understand this diagnosis of pregnancy is made on the basis of one or more of the following: laboratory test, physical examination, and or sonogram. I have full knowledge that no test, exam or evaluation is hundred percent accurate. Therefore, I am aware that despite testing I may not be pregnant. I am also aware that I may wait for confirmation of my pregnancy by delaying the procedure or by having further tests. This delay may expose me to certain risks including but not limited to a ruptured ectopic pregnancy. Nevertheless, I direct my physician to continue with the procedure.

ADDENDUM FOR SECOND TRIMESTER PATIENTS

I am aware that dilation and evacuation is a relatively safe procedure but understand there can be a greater risk of complications as the length of the pregnancy increases.

PATIENT'S WRITTEN STATEMENT:

DATE: _____

PATIENT: _____

WITNESS: _____

PARENT/GUARDIAN: _____