



Surgical Abortion Consent

Please initial each section as you read.

_____ I have read, discussed, and understand the “ABORTION SERVICES INFORMATION” packet that includes the “POST-OPERATIVE INSTRUCTIONS.”

_____ I take full responsibility for this decision and agree to medical and surgical procedures to attempt to end my pregnancy. I agree to be treated by a licensed physician associated with Whole Woman’s Health, Dr. _____, and any Whole Woman’s Health agents or employees.

_____ I agree to the doctor or the doctor’s designated assistant giving me pain relievers or other medication the physician feels is necessary for my care. I am allergic to: _____.

_____ I understand that the fetal tissue removed during the abortion will be disposed of, following legal and health guidelines.

_____ Whole Woman’s Health has a training program for teaching licensed physicians surgical abortion procedures. I agree to be treated by a licensed training physician associated with Whole Woman’s Health, Dr. _____. (Optional)

_____ I understand that when possible, I shall be treated for any resulting complications by Whole Woman’s Health in the clinic at no extra charge to me. However, should hospitalization be necessary, I understand that I will be responsible for any charges.

_____ I also understand that in the rare circumstances which might result in my hospitalization, Whole Woman’s Health cannot be held responsible for any breach in confidentiality. I realize that in emergencies, it is sometimes necessary to contact other family members, particularly the parents of minors.

_____ I give my permission to Whole Woman’s Health to receive my medical records from any health provider who treats me for a complication.

_____ I have read and understand the alternatives, benefits, and risks associated with the abortion procedure, including:

1. **ALTERNATIVES:** Women who are pregnant can decide to continue or end the pregnancy and, depending on the outcome of the pregnancy, can then decide to parent or place the child for adoption. Each option will have benefits and risks. You need to consider your choices carefully to be able to make the best decision for yourself.
2. **BENEFITS:** Abortion, adoption, and parenting can each have benefits, depending upon the individual, the timing of the pregnancy, and the situation. The benefits of carrying to term or having an abortion can be different for each person.
3. **RISKS:** Abortion is a minor surgical procedure. Like any surgery, it is possible that a problem could happen during or after your procedure and require treatment. It is important to know about risks and include this information as part of your decision. Possible risks include but are not limited to the following (initial each).

_____ INFECTION: In a small number of cases the uterus or pelvis could become infected after an abortion. Following your aftercare instructions and taking all the antibiotics we prescribe will help keep your risk of infection low. Medication can treat infection, causing no long-term damage, if the woman seeks medical attention in the early stages of infection. In some cases an infection may be serious enough to cause permanent damage, such as loss of the ability to have children. Call us immediately if you think you have any of these symptoms of infection: bad-smelling vaginal discharge, temperature of 100.4 degrees or above, or severe abdominal pain.

_____ INCOMPLETE ABORTION: It is possible for part of the pregnancy tissue to still be inside the uterus after the abortion. Incomplete abortion can lead to serious bleeding (hemorrhaging), infection, bleeding longer than 3 weeks, and severe abdominal pain. Call us immediately if you have any of these symptoms. It is also important to have a checkup 2 to 3 weeks after the abortion.

_____ CONTINUING PREGNANCY: In rare cases, a woman can still be pregnant after an abortion. Possible causes include: a twin or multiple pregnancy, early pregnancy, a tubal pregnancy (ectopic), or an abnormality of the uterus. A tubal pregnancy is a medical emergency that would require immediate further testing, treatment, possible hospitalization and surgery. A missed abortion may be discovered at the time of the checkup.

_____ PERFORATION OR LACERATION (TEAR OR PUNCTURE): In less than 1% of cases, a tear can occur in the uterus, cervix, bowel, or bladder during an abortion and can result in loss of ability to have children, hemorrhage, or death. Treatment depends on the seriousness and location of the injury. Treatment can include but is not limited to observation, minor surgery, hospitalization, and the removal of the uterus (hysterectomy).

_____ BLEEDING OR HEMORRHAGE: Very heavy bleeding can occur inside or outside the body during or after the abortion. Treatment depends on the cause of the bleeding and can include but is not limited to observation, medication, hospitalization, transfusion, or further surgery. It is important for you to contact us if you soak 2 or more pads in an hour.

_____ ANESTHETIC REACTION: In less than 1% of cases, a person can experience a serious reaction such as respiratory arrest (breathing stops), cardiac arrest (heart stops beating), convulsions, or long periods of unconsciousness. Please let us know if you have ever experienced such a reaction before with anesthesia.

_____ AMNIOTIC FLUID EMBOLISM or ANAPHYLACTIC CONDITION OF PREGNANCY: This extremely rare, pregnancy-related complication can occur during childbirth, miscarriage, or abortion. Current theory suggests antibodies from the fetus create an allergic reaction in the woman's heart, causing her heart to stop, and resulting in coma or death. It is not predictable or preventable.

_____ ASHERMAN'S SYNDROME: Scar tissue in the uterus can result after an abortion and could create problems with future childbearing. The frequency of this complication is unknown it but is considered rare.

_____ POST-ABORTION SYNDROME: This is a physical condition occurring when the uterus fills with blood clots that do not pass and create severe cramping. Uterine massage, medication, or repeating the abortion procedure to remove the clots are all possible treatments.

_____MORTALITY RISK: Although there is a risk of death as a result of an abortion, there is also a risk of death from childbirth. The risk of death from childbirth is much greater than from a first trimester abortion (through 10 weeks gestation). In the second trimester (over 10 weeks up to 22 weeks gestation), the risk of death is similar to that of childbirth.

_____BREAST CANCER: NO PROVEN LINK: Although *some* studies suggest there is a link between abortion and breast cancer, the World Health Organization, American Cancer Society, and the National Cancer Institute conclude there is no proven evidence of abortion causing breast cancer.

_____EMOTIONAL CONCERNS: Women experience a variety of emotional reactions after an abortion. It is very common to feel relief and/or sadness. It is very rare to experience serious emotional distress (less than 10%), and it is more likely among women who have a pre-existing condition such as depression. Treatment or referral for your post-abortion emotional health are available at Whole Woman's Health.

ACKNOWLEDGMENT OF UNDERSTANDING

I have discussed these and asked any questions of the Whole Woman's Health staff and/or doctor before my procedure as I felt was needed. I am voluntarily consenting to a surgical abortion and nobody forced my decision.

Patient signature

Date

Patient name (printed)

Staff signature

Date

CONSENT FOR CONSCIOUS (IV) SEDATION

Please initial each section as you read.

_____ I have read the information on Conscious Sedation, which has also been explained to me.

_____ I have not taken any prescription medicines that can cause sleepiness or any street drugs in the last 24 hours, and I am **not currently taking methadone**.

_____ I understand that Conscious Sedation may change into deep sedation and/or loss of consciousness due to the particular drugs or sedatives given, as well as my own physical condition and my own use of sensitivities to drugs or sedatives.

_____ I understand and acknowledge that no guarantee or assurances have been made to me by anyone as to the anesthetic results (may not stop all pain). No employee or representative of Whole Woman's Health is authorized to make any promise about anesthetic.

_____ I understand that every type of sedation has certain risks and possible complications. These include, but are not necessarily limited to: allergic reaction, phlebitis (infection of the vein), damage to or failure of the liver, kidneys, heart, and/or brain, and death.

_____ I understand that after I have this sedation today, I should not use alcohol, drive, operate dangerous machinery or make any important decisions for 24 hours. This is because I might experience retrograde amnesia (forgetfulness) or inability to think clearly for 24 hrs after conscious sedation. I have arranged for _____ to drive me home from the clinic.

_____ I have had all of my questions answered. I hereby acknowledge that I understand the procedure of Conscious Sedation and I request that Conscious Sedation to be provided for me.

Patient signature

Date

Patient name (printed)

Staff signature

Date