

Dear patient,

As a convenience we have provided forms in advance of your appointment for your review. Please note that the ***signing of these forms must be done while you are at the clinic***. If you have any questions one of our staff will be happy to assist you.

INFORMED CONSENT – MEDICAL & SURGICAL ABORTION

YOU HAVE THE RIGHT AS THE PATIENT, to be informed about your condition and the recommended surgical, medical, or diagnostic treatment to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks involved. This disclosure is not meant to alarm you, it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

Please read this form carefully so you understand that there is no guarantee that the results obtained from the procedure will be perfect. Complications may occur and require further treatment. In the past 3 years this clinic has seen approximately 10,000 patients. Only in the instance of an ectopic pregnancy has hospitalization been necessary.

The Physicians at AAA Concerned Women's Center are individual practitioners that are Board Certified OB/GYN, Medical Doctors. They are independent contractors.

An abortion is a surgical procedure which, like all surgeries, has certain statistical risks. Medicine and surgery are not an exact science. Complications, both major and minor, can occur in a small percentage of cases, regardless of anyone's doing. As you read on, all possible complications that may occur will be explained. You will be asked to sign this form indicating that you understand the risks and problems associated with an elective abortion.

Just as there are risks involved in continuing my present condition (complications in childbirth) are equal to or greater risks than abortion. Please be advised that there are also risks related to the performance of surgical, medical, and/or diagnostic procedures and potential risk for infections and blood clots, hemorrhage, allergic reactions, and death. The following risks may occur relating to the procedure requested:

1. Risk for Infection: Minor or possibly major infection can occur following an abortion. This occurs in a small percentage of cases, which are minor and are treated as outpatients. It can require antibiotic treatment, and rarely can lead to the inability to conceive through blocked tubes due to scar tissue from the infection, or loss of uterus.

2. Incomplete Abortion: In some cases, tissue may not be removed completely during the procedure. In the event this occurs it may lead to an infection or bleeding unless the procedure is repeated, or some other treatment or therapy is implemented.

3. Missed Abortion-Continuing Pregnancy: In very small percentages of cases, a woman may still remain pregnant after an abortion procedure. This may be due to multiple pregnancies (i.e. twins), a double uterus, or an ectopic pregnancy (tubal pregnancy). A missed abortion may be detected by a follow-up exam and pregnancy test after which a re-suction/repeat procedure can be done. A tubal or ectopic pregnancy is difficult to detect and may require hospitalization and surgery.

4. Perforation or Laceration: Almost rarely, an instrument may tear the cervix or puncture the wall of the uterus. Hospitalization may or may not be necessary, depending on the extent of injury. In rare situations, there may be injury to nearby organs such as the bowel, bladder, ovaries, or sufficient injury to the uterus that may require a hysterectomy. In some cases, an abdominal incision and operation may be necessary to correct an injury.

5. Bleeding or Hemorrhage: Heavy bleeding immediately or shortly after an abortion may occur, requiring re-evaluation. The treatment will depend on the cause of bleeding and severity of bleeding. On occasion a transfusion or surgery may be necessary to control bleeding.

6. Medical Abortion: Staining followed with heavy bleeding and cramping is usually two days, then staining is normal. If you are concerned about your bleeding please call the center. On occasion a transfusion may be necessary as well as surgery D & C to control bleeding.

In Addition:

I (we) understand that anesthesia involves additional risks and hazards; however, I (we) request the use of anesthetics/analgesics for the relief and protection from discomfort during the procedure. I (we) realize the anesthesia may have to be changed possibly without explanation to me. I (we) further understand that certain complications may result from the use of any anesthetics/analgesics including respiratory depression, drug reaction, paralysis, brain damage, or even death.

INFORMED CONSENT – MEDICAL & SURGICAL ABORTION

Texas Department of Health Form
TAC §139.52(a)(1)

CERTIFICATION

Each item on this certification form must be reviewed. Please **place your initials** beside each statement and sign the bottom of the form.

I certify that the following information was presented to me, at least 24 hours prior to the abortion, by the referring physician, the physician who is to perform the abortion, or the physician's agent:

_____ The name of the physician who will perform the abortion;

_____ The particular medical risks associated with the particular abortion procedure to be employed; including when medically accurate:

_____ The risk of infection and hemorrhage;

_____ The potential danger to subsequent pregnancy and of infertility; and

_____ The probable gestational age of the pregnancy at the time the abortion is to be performed; and

_____ The medical risks associated with carrying the pregnancy to term.

The physician who is to perform the abortion or the physician's agent has informed me that:

_____ Medical assistance benefits may be available for prenatal, childbirth, and neonatal care;

_____ The father is liable for assistance in the support of the child without regard to whether the father has offered to pay for the abortion;

_____ Public and private agencies provide pregnancy prevention counseling and medical referrals for obtaining pregnancy prevention medications or devices; and

I have also been informed that:

_____ I have the right to review the printed materials prepared by the **Texas Department of Health** entitled the "**A Woman's Right to Know**" booklet and the resource directory, which describes the pregnancy and list agencies that offer alternatives to abortion, and that those materials must be given to me if I choose to view them;

_____ "A Woman's Right to Know" booklet and resource directory are also accessible on an Internet website sponsored by the department of health. **www.dshs.state.tx.us/wrkt**

I made the following choice: CHOOSE ONE OF THE FOLLOWING

_____ I requested and was provided a printed copy of "A Woman's Right to Know" booklet and the resource directory.

_____ I chose to review the "Woman's Right to Know" materials on the website provided.

_____ I declined the informational materials.

Signature: _____ Date: _____

Printed Name: _____