

Healthcare Providers: *Counsel the patient on the risks of mifepristone. Both you and the patient must sign this form.*

Patient Agreement:

1. I have decided to take mifepristone and misoprostol to end my pregnancy and will follow my provider's advice about when to take each drug and what to do in an emergency.
2. I understand:
 - a. I will take mifepristone on Day 1.
 - b. My provider will either give me or prescribe for me the misoprostol tablets, which I will take 24 to 48 hours after I take mifepristone.
3. My healthcare provider has talked with me about the risks, including:
 - heavy bleeding
 - infection
 - ectopic pregnancy (a pregnancy outside the womb)
4. I will contact the clinic/office right away if in the days after treatment I have:
 - a fever of 100.4°F or higher that lasts for more than four hours
 - severe stomach area (abdominal) pain
 - heavy bleeding (soaking through two thick full-size sanitary pads per hour for two hours in a row)
 - stomach pain or discomfort, or I am "feeling sick," including weakness, nausea, vomiting, or diarrhea, more than 24 hours after taking misoprostol
5. My healthcare provider has told me that these symptoms could require emergency care. If I cannot reach the clinic or office right away my healthcare provider has told me who to call and what to do.
6. I should follow up with my healthcare provider about 7 to 14 days after I take mifepristone to be sure that my pregnancy has ended and that I am well.
7. I know that, in some cases, the treatment will not work. This happens in about 2 to 7 out of 100 women who use this treatment. If my pregnancy continues after treatment with mifepristone and misoprostol, I will talk with my provider about a surgical procedure to end my pregnancy.
8. If I need a surgical procedure because the medicines did not end my pregnancy or to stop heavy bleeding, my healthcare provider has told me whether they will do the procedure or refer me to another healthcare provider who will.
9. I have the MEDICATION GUIDE for mifepristone. I will take it with me if I visit an emergency room or a healthcare provider who did not give me mifepristone so that they will understand that I am having a medical abortion with mifepristone.
10. My healthcare provider has answered all my questions.

Patient Signature: _____ **Patient Name (print):** _____ **Date:** _____

The patient signed the PATIENT AGREEMENT in my presence after I counseled the patient and answered all questions. I have given the patient the MEDICATION GUIDE for mifepristone.

Provider's Signature: _____ **Name of Provider (print):** _____ **Date:** _____

After the patient and the provider sign this PATIENT AGREEMENT, give 1 copy to the patient before the patient leaves the office and put 1 copy in the medical record.



Health History

Full Name (printed): _____ Date of birth: ___/___/___ Date: ___/___/___

Do you have any allergies to medication, metals, latex, rubber gloves, tape, shellfish, or antiseptic solutions (iodine/Hibiclens)?

Yes No If yes, list allergy and reaction: _____

Have you ever had a bad reaction to anesthesia or sedation?

Yes No If yes, explain: _____

Are you currently taking any medications, drugs, over-the-counter or herbal medications, vitamins, or mineral supplements?

Yes No If yes, list: _____

Past Medical History: Have you ever had any of the following:

YES NO

- Heart disease, heart attack or serious heart valve problem
- Pulmonary Embolism (PE) or Blood clotting disorders
- Bleeding problems
- Anemia
- Elevated blood pressure
- Long-term steroid medication use (e.g., prednisone)
- Uterine abnormalities/fibroids
- Blood transfusion
- Genital herpes - Last outbreak ___/___/___
- Chlamydia, gonorrhea, pelvic inflammatory disease (PID) or other STI
- Asthma, breathing problems, other lung disease (e.g., sleep apnea)/ Inhaler use
- Kidney disease or kidney failure or chronic adrenal failure
- Deep vein thrombosis
- Stroke
- Seizures or epilepsy
- Bowel disease (e.g., IBS, Crohn's)
- Thyroid disease
- Bladder Infection
- Sickle Cell Disease
- Anxiety or Depression
- Cancer – If yes, what? _____
- Serious medical problems, illness, hospitalizations, surgeries, blood transfusions or exposure to blood products – If yes, explain: _____
- A medical problem being managed by another health care provider or any planned upcoming major surgeries – If yes, explain: _____

Social History:

YES NO

- Do you smoke cigarettes/cigars or chew tobacco?
If yes, how many/much do you smoke/chew a day? _____
- Do you drink alcohol? If yes, how often and how much? _____
- Have you ever used street or IV drugs or other substances? If Yes, list: _____

Review of Systems: Do you NOW have any of the following:

YES NO

- Cardiovascular: Irregular heartbeat, severe chest pain not resolved with antacids
- Neurological: Migraine OR an increase or change in headaches
- Endocrine: Excessive thirst or night sweats
- Lymph: Painful or swollen glands in your groin
- Gastrointestinal: Ongoing nausea or severe abdominal pain, change in bowel movements
- Chest/Breast lump, constant pain, or nipple discharge – If yes, describe: _____
- Respiratory: Difficult breathing with exercise
- Psychosocial: Difficulty sleeping, eating, going to work or school for greater than 3 weeks
- Genitourinary: Pain/Burning or bleeding with urination
- Genitourinary: Severe pain with periods that may include nausea, vomiting, or interfere with school or work
- Genitourinary: Severe or persistent pelvic or groin pain
- Genitourinary: Abnormal discharge – If yes, describe: _____
- Genitourinary: Pain or bleeding with sexual activity
- Genitourinary: Itching or irritation of genital area
- Skin: Rashes or lesions, bumps, sores – If yes, describe: _____
- Mouth: Bumps or sores in the mouth – If yes, describe: _____

Menstrual History (Please answer every question):

When was the first day of your last menstrual period? ___/___/___ Age that you first started your period: _____

Was your last period normal? Yes No If no, explain: _____

Do you have problems with your period? Yes No If yes, explain: _____

Have you ever had an abnormal pap smear, colposcopy, cryo or LEEP? Yes No

Month/Year of last pap smear: ___/___

Contraceptive History (Please answer every question):

Are you interested in getting birth control today? Yes No If yes, what: _____

What birth control method are you currently using? _____

Any problems with this method? Yes No If yes, explain: _____

What methods have you used in the past? _____

Any problems with your previous methods? Yes No If yes, explain: _____

Pregnancy History (Please answer every question):

Number of Pregnancies: Vaginal ___ C-Sections ___ Miscarriages ___ Abortions ___ Ectopic (tubal) ___

When did your last pregnancy end? ___/___/___ Are you breast feeding now? Yes No

Any complications? _____

Name & Phone of Medical Provider: _____

Patient signature: _____ Date: ___/___/___

Staff signature: _____ Date: ___/___/___



Mifeprax and Misoprostol Abortion Consent

I, _____, hereby give permission for Gabrielle Goodrick, M.D. or designated associate to perform a nonsurgical/medical abortion with Mifeprax and Misoprostol.

Please Check One:

- I am comfortable with my decision to terminate this pregnancy.
- I am NOT comfortable with my decision to terminate this pregnancy

Please initial next to each line below in the space provided:

_____ I have completely and accurately disclosed my medical history including any health conditions, sexually transmitted infections, known allergies and medications or drugs taken within the last forty-eight hours. I authorize the physician to make medical decisions based upon these disclosures.

_____ I understand that I am fewer than 10 weeks pregnant, and I have decided to have an abortion with the medications Mifeprax and Misoprostol. These medications will cause an abortion by starting cramping and vaginal bleeding like a heavy period or miscarriage. This method allows a pregnant woman to have an abortion without putting instruments into the uterus.

_____ Mifeprax is a drug which blocks the action of progesterone, a hormone needed to continue the pregnancy. Mifeprax has been approved by the U.S. Food and Drug Administration (FDA) for early abortion and has been used by millions of women in Asia and Europe (it has been referred to as "RU-486" or the "French abortion pill"). Misoprostol is a drug used in the United States to prevent irritation or ulcers in the stomach. When the FDA approved Mifeprax, it was approved for combination with Misoprostol. Studies have shown that Mifeprax and Misoprostol, when used together, are approximately 94-98% effective in causing an abortion in early pregnancy.

Procedure:

_____ A member of the back-office staff will take my medical history, and examine me to assess how many weeks pregnant I am. An ultrasound will be done to determine how far along my pregnancy is. The ultrasound will be done by putting the ultrasound probe in my vagina. I will have my blood drawn to check my blood type and for anemia.

_____ I will swallow 200 mg Mifeprax (one tablet). This will be called "day 1". 24-48 hours later, I will place 800 mcg Misoprostol in my mouth as instructed.

_____ I will remain at home and plan to relax for the next 6 hours when bleeding or cramping will likely occur. I understand that I will have access to a telephone and Dr. Goodrick's 24-hour emergency contact information.

_____ I will contact my provider at 602-279-2337 if: I soak 2 or more maxi-pads per hour for 2 consecutive hours; I have a sustained fever (100.4 F) or onset of fever a few days after Misoprostol; I have severe abdominal pain not helped by pain medicine; or I have no bleeding within 24 hours after Misoprostol, which may require more medication or evaluation for an ectopic pregnancy.

_____ I will return to the office around day 7. This follow-up appointment is **very** important to confirm that termination of my pregnancy has occurred and that there have been no complications. At this visit, I will have a vaginal ultrasound and urine pregnancy test. If my abortion has occurred, then I am done.

Risks May Include:

_____ **Incomplete Abortion:** As with a surgical abortion, some pregnancy tissue may remain in my uterus. If this occurs, the provider will discuss my treatment options, which may include waiting one or more weeks, using more Misoprostol, or having an aspiration, which is similar to a surgical abortion. If I decide to wait or use more Misoprostol, and the abortion is still not complete, I will need an aspiration curettage. The risks of an aspiration curettage include a risk of making a hole in the uterus, tearing the cervix, adverse reaction to anesthesia that may be used, infection, excessive bleeding, and failure to remove all of the tissue from the uterus.

_____ **Vaginal bleeding:** As with the surgical abortion, heavy bleeding can occur and blood clots may come out of the vagina. If I have extremely heavy bleeding or dizziness, an aspiration curettage may be necessary to stop the bleeding. The risks of the aspiration curettage are stated above. The risks of having very heavy vaginal bleeding after Mifeprax/Misoprostol is about 1 per 100 (1%). The risk of needing a blood transfusion after using Mifeprax/Misoprostol is about 1 per 1000 (0.1%).

Reviewed by Clinic Staff: _____

Mifeprax and Misoprostol Abortion Consent (Cont'd)

Risks May Include (Cont'd):

- _____ Continued pregnancy and birth defects: My pregnancy may not end after receiving the medications. If this happens, birth defects are possible. Because of the risk of birth defects, I know that a surgical abortion is strongly recommended to end the pregnancy. The risks of a first-trimester surgical abortion include a risk of making a hole in the uterus, tearing the cervix, adverse reaction to the anesthesia that may be used, infection, excessive bleeding, and failure to remove all the tissue from the uterus.
- _____ Side effects: The following side effects are possible (10-15%): nausea, vomiting, diarrhea, fever, headaches, and chills. Most of these side effects last less than a day. I will have cramping in my lower abdomen and may need pain medications for this reason.
- _____ Ectopic pregnancy: A rare condition which is a complication of pregnancy rather than the abortion is an ectopic pregnancy or a pregnancy in the fallopian tube. I understand that if the pregnancy is in the fallopian tube or outside the uterus, neither a surgical abortion nor a Mifeprax/Misoprostol abortion will remove the pregnancy, and due to the possible threat of rupture of the fallopian tube, hospitalization may be necessary as soon as it is discovered.
- _____ Infection: There is a very rare risk of serious bacterial infection after a medical abortion. There is a 1 in 100,000 risk of developing fatal septic shock. There would be a risk of developing this infection following childbirth, miscarriage, surgical abortion or after other types of surgeries. If more than 24 hours after taking the second medicine (Misoprostol) I have severe abdominal pain or discomfort, or am 'feeling sick' including weakness, nausea, vomiting or diarrhea, with or without fever, I will contact Dr. Goodrick right away. If I visit an emergency room or another health care provider who does not prescribe Mifeprax, I will tell them I am undergoing a medical abortion. I understand this risk is higher than surgical abortion and accept this risk.

Costs & Payments:

- _____ I will receive medical care for my abortion as described above (including information about birth control) at the current rate. This fee includes payment for a surgical abortion if needed. The fee does not include charges incurred for an emergency room visit or for care at another facility.

Voluntary Consent:

- _____ I have been informed of other choices during early pregnancy including continuing the pregnancy and becoming a parent, continuing the pregnancy and making adoption arrangements, and surgical abortion. I have been informed of the risks involved with a surgical abortion and a medical abortion, and the risks involved with continuing the pregnancy. I understand that I may choose to have a surgical abortion at any time after I start the medical abortion, although I will need to pay for this care if it is not medically necessary.
- _____ I have fully disclosed my medical history including the date of my last menstrual period, allergies, blood conditions, prior medications or drugs, and reactions to medications or drugs. I certify that I have read this form or that it has been read to me. I understand its contents, and any questions have been answered to my satisfaction. I certify that I have been given the Mifeprax Medication Guide and that I have had an opportunity to read it and discuss it with my provider.

Certification that abortion is not being performed on the basis of sex or race:

_____ A new Arizona law prohibits a physician from providing an abortion based on the sex or race of the fetus or the race of either parent. It also prohibits a physician from accepting payment for an abortion sought for those reasons. Because of this new law, we are asking our patients to sign a statement affirming that they are not seeking an abortion because of the sex or race of the fetus, the race of the father, or their own race.

I certify that my decision to have an abortion is not based on the sex or race of the fetus, the race of the father, or my own race. I further certify that the abortion is not being financed because of the sex or race of the fetus.

Patient Signature

Patient Name (printed)

DATE

Physician Signature
Verbally reviewed risks and complications

Staff Signature (printed)

DATE