



**DISCLOSURE AND CONSENT FORM for MEDICAL, SURGICAL AND DIAGNOSTIC PROCEDURES**

**PATIENT NAME:** \_\_\_\_\_ **---** **DATE OF BIRTH:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**Part I. Information about Patient Consent Requirements and Parental Consent Requirements.**

**TO THE PATIENT:** As the patient, you have the right to be given information about your health condition, our plans for your care, and the risks and hazards of the planned care. You have the right to provide written consent for the medical procedures agreed to be performed. As your physician, I am required by law to provide this information to you, and to have your consent, or permission, before we can start any medical procedure on you. This is called the "Patient Consent Requirement." Your signature at the bottom of Part IV of this Form is your consent for me to perform the medical procedures that are checked below in Part II.

**TO THE PATIENT'S PARENT, LEGAL GUARDIAN, OR MANAGING CONSERVATOR:** As the parent, legal guardian, or managing conservator of a child, you have the right to be given information about your child or ward's health condition, our plans for her care, and the risks and hazards of the planned care. You are also required to provide written consent, or permission, for the medical procedures agreed to be performed on your child or ward, unless otherwise stated in law. This called the "Parental Consent Requirement".

The Parental Consent Requirement has two parts. The first part requires one of the patient's parents, legal guardian, or managing conservator to initial each page of this Form. Their initials mean that they have had the chance to read this information (or to have it read to them) and to ask questions. The initialing of each page can be done at any time and at any location. The second part requires either one of the patient's parents, legal guardian, or managing conservator to sign the Parental Consent in Part V of this Form. This Form must be signed in front of a person who is a notary public either in the physician's office or clinic, or in front of a notary public at any location. The purposes of these signing requirements are to help make sure that only those persons listed on the Parental Consent in Part V of this Form are the ones who actually sign it.

**Part II. Surgical and Medical Procedures.**

The surgical and/or medical procedures that are planned to be performed on the patient are the ones that are checked below. As used in this Form, "abortion" means the use of any means to terminate the pregnancy of a female known by the attending physician to be pregnant with the intention that the termination of the pregnancy by those means will, with reasonable likelihood, cause the death of the fetus.

- Dilatation and Curettage (D&C)
- Dilatation and Evacuation (D&E)
- Manual Vacuum Aspiration
- Machine Vacuum Aspiration

**Medical Abortion Procedures:**

- Mifepristone
- Methotrexate
- Misoprostol

**Other as listed:** \_\_\_\_\_

**Part III. Risks and Hazards.**

There are risks and hazards related to the surgical and medical procedures planned for the patient. The following list is not meant to scare the patient, but to give her and her parent, legal guardian, or managing conservator adequate information to be used in making their decisions to have the physician perform the particular procedures checked above.

The patient should read and initial the following blanks. Her initials mean she has read the information (or had it read to her) and agrees with the statement.

\_\_\_\_\_ I have been told by the physician or physician's assistant about the following risks and hazards that may occur in connection with any surgical, medical, and/or diagnostic procedure:

- (A) Potential for infection. (B) Blood clots in veins and lungs. (C) Hemorrhage.
- (D) Allergic reactions. (E) Even death.

\_\_\_\_\_ I have been told by the physician or physician's assistant about the following risks and hazards that may occur with a surgical abortion:

- A. Hemorrhage (heavy bleeding).
- B. A hole in the uterus (uterine perforation) or other damage to the uterus.
- C. Sterility.
- D. Injury to the bowel and/or bladder.
- E. A possible hysterectomy as a result of complication or injury during the procedure.
- F. Failure to remove all products of conception that may result in an additional procedure.

\_\_\_\_\_ I have been told by the physician or physician's assistant about the followings risks and hazards that may occur with a medical/non-surgical abortion:

- A. Hemorrhage (heavy bleeding).
- B. Failure to remove all products of conception that may result in an additional procedure.
- C. Sterility.
- D. Possible continuation of pregnancy.

\_\_\_\_\_ I have been told by the physician or physician's assistant about the following risks and hazards that may occur with this particular procedure:

- A. Cramping of the uterus or pelvic pain.
- B. Infection of the female organs: uterus, tubes, and ovaries.
- C. Cervical laceration, incompetent cervix.
- D. Emergency treatment for any of the above named complications.
- E. Other as written:

\_\_\_\_\_ I have been told by the physician or physician's assistant about the following other information that is required by law to be discussed before I can give my voluntary and informed consent to an abortion:

1. the probable gestational age of the fetus; fetus can feel pain
2. the medical risks associated with carrying the child to term;
3. medical assistance benefits may be available for prenatal care, childbirth, and neonatal care;
4. 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;
5. public and private agencies provide pregnancy prevention counseling and media referrals for obtaining pregnancy medications or devices, including emergency contraception for victims of rape or incest; and
6. the woman has the right to review the printed materials provided by the Department of State Health Services.

### Part IV. Patient's Consent for Surgical or Medical Procedure

To meet the Patient Consent Requirement, the patient must complete Part IV of this Form. An initial on each blank means that the patient has read (or had the information read to her) and agrees with the statement. The patient's signature means that she is agreeing to have the abortion procedures set out above.

Patient Consent Statement:

- \_\_\_\_\_ I understand that my doctor \_\_\_\_\_ (print the name of your doctor) is going to perform an abortion on me, which will end my pregnancy and will result in the death of the fetus.
- \_\_\_\_\_ I understand that I am not being forced to have this abortion and have the choice on whether to have this procedure.
- \_\_\_\_\_ I give my permission to this doctor and such other associates, technical assistants, and other health providers as the doctor thinks is needed to perform the abortion on me using the surgical and medical procedures checked above.
- \_\_\_\_\_ I understand that my physician may discover other or different conditions that require additional or different procedures than those planned.
- \_\_\_\_\_ I give my permission to my physician and such associates, technical assistants and other health care providers to perform such other procedures that are advisable in their professional judgment.
- \_\_\_\_\_ I do do not give my permission for the use of blood and blood products as deemed necessary.
- \_\_\_\_\_ I understand that my doctor cannot make any promise regarding the end results of the abortion or my care.
- \_\_\_\_\_ I understand that there are risks and hazards that could affect me if I have the surgical\* or medical procedures checked above.
- \_\_\_\_\_ I have been given an opportunity to ask questions about my condition, alternative forms of treatment, risk of non-treatment, the procedures to be used, and the risks and hazards involved.
- \_\_\_\_\_ I understand that information about abortion that is included in the law has been made available to me.
- \_\_\_\_\_ I believe that I have sufficient information to give this informed consent.

This Form has been fully explained to me. I have read it or have had it read to me, the blank spaces have been filled in, and I believe that I understand what it says. By my signature below, I give my voluntary consent to have the surgical and medical procedures performed on me that am listed above.

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

**Part V: Physician Declaration**

I and/or my assistant have explained the procedure and the contents of this Form to the patient and her parent, legal guardian, or managing conservator as required and have answered all questions. To the best of my knowledge, the patient and her parent, legal guardian or managing conservator have been adequately informed and have consented to the above-described procedure.

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Signature of Physician

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Date

## Part VI. Parental Consent for Surgical or Medical Procedures.

To meet the Parental Consent Requirement, one of the parents, the legal guardian, or the managing conservator of the patient must initial each page of this Form and complete Part VI of this Form. An initial on each page blank means that the parent, legal guardian, or managing conservator has had the opportunity to read the information (or to have the information read to them) and has had the opportunity to ask questions to the physician or the physician's assistant about this information. The signature of the parent, legal guardian, or managing conservator means that the person signing is agreeing to have the abortion procedures performed on the patient as set out above.

Parental Consent Statement:

\_\_\_\_\_ I understand that the doctor listed above is going to perform an abortion on the patient, which will end her pregnancy and will result in the death of the fetus.

\_\_\_\_\_ I have had the opportunity to read this Form (or have it read to me) and have initialed each page.

\_\_\_\_\_ have had the opportunity to ask questions to the physician or the physician's assistant about the information in this Form and the surgical and medical procedures to be performed on the patient.

\_\_\_\_\_ I believe that have sufficient information to give this informed consent.

By my signature below, I state and affirm that I am the patient's:

Father

Mother

Legal Guardian

Managing Conservator

By my signature below, I give permission for(print the name of patient).

\_\_\_\_\_  
Printed Name of Parent Legal Guardian, or Managing Conservator

\_\_\_\_\_  
Signature of Parent, Legal Guardian, or Managing Conservator

**Part VII. Authentication of Parent, Legal Guardian, or Managing Conservator.**

The signature of the parent, legal guardian, or managing conservator must be authenticated. This means that the parent, legal guardian, or managing conservator must sign Part V of this Form in front of a person who is a notary public.

The signing in front of a person who is a notary public can occur at any time and at any place prior to the procedure. The signed and initialed form with the notary statement then can be brought to the physician's office or clinic by the patient.

These signing requirements do not require the parent, legal guardian, or managing conservator to be present with the patient at the time of the procedure.

To be completed by the notary public who notarizes the signing by the parent, legal guardian, or managing conservator, as provided in Part V, above:

County of \_\_\_\_\_

This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, A.D.,  
20\_\_\_\_

by \_\_\_\_\_ (print name).

(SEAL)

My commission expires: \_\_\_\_\_