Kensington Clinic

Consent for Mifegymiso Medical Abortion

I _____have considered all my options and have voluntarily chosen to have an abortion. Part of this process will be at the clinic (mifepristone) and part will be at home (misoprostol). I understand that I must take both medications to successfully complete the process. I understand that the off-label regimen prescribed is recommended by the Society of Obstetricians and Gynecologists of Canada (SOGC) and the National Abortion Federation (NAF).

I understand that it is essential I follow the clinic's instructions after I receive the medication today to determine if my pregnancy has ended. I have been advised to have a surgical abortion (D&C) procedure if the medications fail to end the pregnancy as there is some evidence that misoprostol can cause fetal damage.

I understand there is a small risk of complications. These complications may include, but are not limited to:

1. Infection, requiring antibiotics
2. Sensitivity or allergic reaction to the medications, requiring other medications
3. Incomplete abortion, requiring additional medications or uterine aspiration
4. Failed abortion, requiring uterine aspiration
5. Haemorrhage (excessive bleeding) caused by uterine atony (uterus does not contract), coagulopathy (bleeding disorder) or other abnormalities of the uterus or placenta, requiring other medications, blood transfusions, repeat uterine aspiration, abdominal surgery or rarely, hysterectomy.
6. Death. The risk of death from a full term pregnancy and childbirth is 12 times greater than the risk of death from an abortion. The risk of death from an abortion is extremely small.

These complications may lead to or contribute to future infertility (difficulty getting pregnant).

I understand that I need to inform the Clinic/physician of all my health conditions, medication use and non-prescription drug use. I understand that failure to do this may increase the risk of complications.

I understand how to contact the clinic in case of an emergency and acknowledge that I have signed the "Patient Information Card" from Celopharma.

I acknowledge that I have been informed that the ultrasound is a limited study used only to confirm and date the pregnancy and confirm that the abortion is complete.

I understand that if my blood type is Rh negative I will be offered an immunoglobulin injection which is given to prevent complications in future pregnancies. I acknowledge that I will be given an opportunity to refuse this injection. I further acknowledge that Kensington Clinic is not responsible for any consequences that may occur from receiving this immunoglobulin injection.

I acknowledge that Kensington Clinic staff may need to provide medical information about me to other health care professionals. This may include Public Health Department officials if my test results are positive for a sexually transmitted infection. I consent to testing for blood borne infections including, but not limited to, Hepatitis and HIV, in the event that a health care worker or other individual is exposed to my blood or body fluids.

I acknowledge that I have read this form, or had this form read to me, and that I fully understand its contents. I have had an opportunity to discuss all my options and have had an opportunity to discuss any questions or concerns that I have and I have signed,

_____	_____
Name	Address
_____	_____
Signature	Date
_____	_____
Witness	Date

I hereby certify that the above procedure has been explained to the above named patient/legal representative who, in my opinion, understand the nature, risks and consequences. I have reviewed and signed the “Patient Information Card”

_____	_____
Physician	Date