

State of Missouri
Department of Health and Senior Services
Informed Consent Checklist - Abortion

I certify that the following information was given to me in person, orally and reduced to writing, at least 72 hours prior to the procedure.

Please initial each line.

_____ I have been provided the name of the physician who is to perform or induce the abortion and a contact number where the physician may later be reached if questions arise.

_____ I have had the opportunity to ask any questions of the physician concerning the abortion.

_____ I have been told the probable gestational age of the fetus and have been informed about the anatomical and physiological characteristics of the fetus.

_____ I have been given a description of the proposed abortion method.

_____ I have been informed of any immediate and long-term medical risks associated with the proposed abortion method.

_____ I have been informed of any immediate and long-term medical risks associated with the anesthesia and medication that is to be administered.

_____ I have been informed of any immediate and long-term medical risks associated with the gestational age of the fetus.

_____ I have been informed of any additional risks associated with any medical conditions I have and any medical history which I have provided.

_____ I have been given the location of the hospital that offers obstetrical and gynecological care. This hospital is located within thirty miles of the facility in which the abortion is being performed, the physician performing or inducing the abortion has clinical privileges at the hospital, and I may receive follow-up care at the hospital should complications arise.

_____ I have been given the opportunity to view an active ultrasound. Should I choose to view an active ultrasound at another provider, I shall have reasonable time to do so prior to the abortion being performed.

_____ I have been given the opportunity to hear the heartbeat of the developing fetus, if audible.

_____ I have been notified of alternatives to abortion and have been provided information concerning these options.

Patient Name _____ **Date of Birth** _____

_____ I certify that the following information has been given to me:

- The booklet titled "Missouri's Informed Consent Booklet" which provides information on: how your baby grows during pregnancy, methods of induced abortion and its risks, fetal pain, paternity information for moms and dads, information about child support, and information concerning "alternatives to abortions." Including the Alternatives to Abortion program.
- A List of Alternatives to Abortion Program Providers.
- A List of Pregnancy Assistance Information Providers.
- A List of Fetal Ultrasound Providers.

_____ I understand that I am free to withhold or withdraw my consent for an abortion at any time without affecting my rights to future care or treatment and without the loss of any state or federally funded benefits to which I might otherwise be entitled. I certify that this information was provided in an individual setting that protected my privacy and maintained the confidentiality of my decision. I certify that my decision is voluntary and informed, free and without coercion.

I attest that I have been given all of the above information by a qualified professional on

Date _____

Time _____

Patient Signature: _____ **Date** _____

Parent/Guardian Signature: _____ **Date** _____

Qualified Professional: _____ **Date** _____

Patient Name _____ **Date of Birth** _____