



Consent form for surgical abortion

I request the administration of a general or local anaesthetic and surgical termination of pregnancy.

If any unforeseen condition arises or is discovered in the course of the procedure, I also consent to such further treatment in addition to or different from those contemplated which the doctor, in her / his medical judgement, deems necessary.

I understand that the purpose of this procedure is to terminate the pregnancy, but no warranty or guarantee has been made to me as to the results of this procedure. It has been explained to me that in some instances the pregnancy may not be terminated by this procedure and, if that happens, further treatment or procedures will be necessary.

My doctor has provided me with sufficient information about the reasons for and benefits of the proposed treatment including the nature and probable effects and risks. I have also been given the opportunity to seek any further information and it is my responsibility to raise any concerns I have about the procedure prior to agreeing to this consent.

In addition to the above, I have read Complications of Termination of Pregnancy (Patient Information sheet) which covers:

- Alternatives to terminating the pregnancy
- Procedural methods
- Anaesthetic complications
- Post-operative bleeding
- Failure to terminate pregnancy
- Retained products
- Ectopic pregnancy
- Infection perforation
- Fertility
- Misoprostol - if over 12 weeks pregnant
- Emotional aspects

Patient Name: _____

Patient Signature: _____

Date: _____
