

# Patient Consent

## Consent to treatment for a medical termination of pregnancy via telehealth

Please be aware that the risks mentioned in the patient information and in the list below cannot include all possible complications, but are rather the ones generally or commonly known or associated with a medical termination of pregnancy.

In addition, please note:

There is approximately a 2% chance that the course of treatment will not be fully effective, in which case you will need to have a surgical procedure to complete the abortion.

If you have a continuing pregnancy and decide to keep the pregnancy, foetal malformations from the use of Misoprostol may occur. The effect of Mifepristone on a foetus is not known.

A surgical procedure, if necessary, may incur additional fees and charges .

There is approximately a 1-2% chance that you will require surgery to manage ongoing or heavy bleeding.

There is approximately a 0.1-0.2% risk of requiring a blood transfusion because of heavy bleeding.

Serious infections are very rare in a medical termination of pregnancy, but can be potentially life threatening. Symptoms of persistent abdominal pain or feeling unwell or feeling weak, with or without a fever, following the treatment should be reported to your doctor without delay.

Ectopic pregnancy (a pregnancy growing outside the uterus) is a possible complication of any pregnancy and not of the medical termination of pregnancy process.

# Please read this form carefully before signing it

I..... of.....

consent to a Medical Termination of Pregnancy using the medications Mifepristone and Misoprostol via Telehealth.

I fully understand the nature, consequences and risks of this treatment , as well as alternatives, including not proceeding with the treatment.

I have read and understood the "Patient information- Medical Termination of Pregnancy Using Mifepristone and Misoprostol" information and have received a copy of it. I have received satisfactory answers to my questions and have no further questions.

I have been informed of the risks and side effects of this treatment and acknowledge the risks outlined above, including treatment failure which would require a surgical procedure to complete the abortion.

I am aware that a surgical procedure is not covered in the cost of the Telehealth Medical Termination appointment with Clinic 66.

I understand that if I decide not to complete the treatment once it has begun, or if treatment fails to end the pregnancy, there is a significant risk of harm to the fetus if I continue with the pregnancy.

I am aware that I must comply with any follow-up arrangements as advised by Gynaecare/ Clinic 66 in order to reduce the risks of complications

I have received written information about the treatment and aftercare which has been discussed and explained to me, and I have had the opportunity to ask questions.

I am satisfied that I have been given the opportunity to explore all options regarding my pregnancy and am consenting to medical termination of this pregnancy of my own freewill.

Name:..... Date: .....

Signature:.....