

# Medical Termination Consent Form

***Please read all information carefully before signing.***

Please note that the risks mentioned in the list below and in the patient information brochure are not exhaustive or inclusive of all possible complications, but are rather the ones generally known or associated with a medical termination of pregnancy. Some of the possible side effects are mentioned in the patient information brochure. In addition, please note:

- There is approximately a 2-7% 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 termination. 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.
- 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 due to haemorrhage (heavy bleeding).
- Serious infections are very rare in a medical termination of pregnancy and can be potentially life threatening. Symptoms of persistent abdominal pain or feeling unwell or feeling weak or without a fever following the treatment should be reported to your doctor without delay.
- Ectopic pregnancy (growing outside the uterus) is a complication of pregnancy, not of a medical termination of pregnancy.
- A copy of the Consumer Medicines Information for Mifepristone Linepharma (mifepristone) and GyMiso (misoprostol) is available in the product packaging or at [www.mshealth.com.au/cmi/mifepristoneonlinepharma](http://www.mshealth.com.au/cmi/mifepristoneonlinepharma) or [www.mshealth.com.au/cmi/gymiso](http://www.mshealth.com.au/cmi/gymiso)

## **ACKNOWLEDGEMENT:**

- I have received a written copy of the patient information brochure about my treatment and aftercare.
- I have read and understood the patient information brochure.
- I have received satisfactory answers to my questions and have no further queries.
- I acknowledge that any ultrasound study, if carried out, was only used to confirm and date my pregnancy.

**I, (print name):** \_\_\_\_\_

**of, (print address):** \_\_\_\_\_

\_\_\_\_\_



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Consent to medical termination of pregnancy using Mifepristone Linepharma (mifepristone) and GyMiso (misoprostol). The nature, consequences and risks of this treatment have been explained to me, as well as alternatives, including not proceeding with treatment. 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 termination. 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 foetus if I continue the pregnancy. I am aware that I must comply with any follow up arrangements as advised by my doctor. I am satisfied that I have been given the opportunity to explore all options regarding my pregnancy and I am consenting to termination of this pregnancy of my own freewill.

**Patient Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I confirm that, in my opinion, the patient understands the nature and purposes of the combination of medications used to perform a medical abortion, which has been explained to them in terms suited to their understanding and is able to give informed consent. The patient meets the legal requirements for termination of pregnancy in the state of Victoria.

**Doctor Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## CONSENT FOR OPTIONAL FOLLOW-UP COMMUNICATION:

MS Health offers a follow-up SMS communication 3-5 days after Mifepristone Linepharma is taken. This message will also include the 24hour Nurse After-care Telephone Service number so that you can contact us.

I, **(print name)** \_\_\_\_\_ hereby consent to receive a follow-up message from MS Health (Marie Stopes International Australia) 3-5 days after I take Mifepristone Linepharma.

**Mobile Number (for SMS message):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_