Mifegymiso
Patient Consent Form

Mifegymiso (mifepristone and misoprostol) for termination of pregnancy

1. I understand the MIFEGYMISO medical abortion process and the possible risks and side effects of the treatment. I have discussed the information with my health professional and he/she answered all my questions.
2. I understand that MIFEGYMISO medical abortion is irreversible.
3. I understand that once I start MIFEGYMISO, I have to complete both steps. Both mifepristone and misoprostol can cause birth defects if my pregnancy is continued.
4. I understand that I can decide against having MIFEGYMISO at any time before I start taking the drugs.
5. I understand what to expect during the expulsion.
6. I understand that I will take the first part of the treatment **mifepristone** (green box) (Day 1).
7. I understand that I will take **misoprostol** (orange box), 24 to 48 hours after I take mifepristone. I understand it is up to me to decide when to take the tablets within this specified time period. It is recommended that I plan this process to fit within my daily schedule.
8. My health professional gave me advice on what to do if I develop heavy bleeding or need emergency care due to the treatment.
9. Bleeding and cramping do not mean that my pregnancy has ended. I must schedule a follow-up with my health professional within 7-14 days (1-2 weeks) after I take Mifegymiso to be sure that my pregnancy has ended and that I am well.
10. I know that in some cases, the treatment will not work. This happens in about 2.7-5.1% of women who use this treatment.
11. I understand that if my pregnancy continues after any part of the treatment, there is a chance of birth defects. If my pregnancy continues after treatment using Mifegymiso (mifepristone, misoprostol), I will talk with my health professional about my choices, which may include a surgical procedure to end my pregnancy.
12. I understand that if the medicines I take do not end my pregnancy and I decide to have a surgical procedure to end my pregnancy, or if I need a surgical procedure to stop bleeding, my health professional will do the procedure or refer me to another health professional who will.
13. I have my health professional's name, address and phone number and know that I can call if I have any questions or concerns.
14. I have decided to take Mifegymiso (mifepristone, misoprostol) to end my pregnancy and will follow my health professional's advice about when to take each drug and what to do in an emergency.
15. I must ensure that I have access to emergency medical care within a reasonable time-limit in case of emergency.
16. I will do the following:
    - Contact my health professional as soon as possible if in the days after treatment I have a fever of 100.4°F (38°C) or higher, that lasts for more than 4 hours or I experience severe abdominal pain.
    - Contact my health professional as soon as possible if I have heavy bleeding, soaking through two thick full-size sanitary pads per hour for 2 consecutive hours.
    - Contact my health professional as soon as possible if I have abdominal pain or discomfort, or I am "feeling sick", including weakness, nausea, vomiting or diarrhea, with or without fever, for more than 24 hours after taking misoprostol.
    - Take the **Patient Information Card** with me when I visit an emergency room or a health professional who did not give me Mifegymiso, so that they understand that I am having a medical abortion with Mifegymiso.
    - Have a follow-up 7-14 days after taking Mifegymiso to check if my pregnancy has ended. My health professional will talk with me about my options if I am still pregnant.

☐ I have made the decision to end my pregnancy (abortion) after consultation with my health professional. I have made this decision without coercion and on my own free will and being of sound mind.

Patient name (print): _____

Patient signature: _____ Date: _____

The patient has signed the Patient Consent form in my presence after I counselled her and answered all her questions.

Health professional name (print): _____

Health professional signature: _____ Date: _____

After the patient and the health professional sign this Patient Consent form, the health professional shall give a copy to the patient before she leaves the office and keep a copy within the patient's medical record.