INSTRUCTIONS: The purpose of this form is to document your voluntary and informed consent for an abortion. In this form, "abortion" refers to either a surgical abortion or a medication abortion (abortion resulting from an abortion inducing drug). The completed form is kept by the provider as part of your medical record.

By my signature below, I affirm the following:

- 1. This form is being completed at least eighteen (18) hours before the abortion.
- 2. My consent to an abortion is voluntary.

The physician who is to perform the abortion, the referring physician or a physician assistant (as defined in IC 25-27.5-2-10), an advanced practice nurse (as defined in IC 25-23-1-1(b)), or a midwife (as defined in IC 34-18-2-19) to whom the responsibility has been delegated by the physician who is to perform the abortion or the referring physician has informed me orally and in writing of the following:

- 1. The name of the physician performing the abortion, the physician's medical license number, and an emergency telephone number where the physician or the physician's designee may be contacted on a twenty-four (24) hour a day, seven (7) day a week basis.
- 2. That follow-up care by the physician or the physician's designee (if the designee is licensed under IC 25-22.5) is available on an appropriate and timely basis when clinically necessary.
- 3. The nature of the proposed procedure or information concerning the abortion inducing drug.
- 4. Objective scientific information of the risks of and alternatives to the procedure or the use of an abortion inducing drug, including:
  - (a) the risk of infection and hemorrhage;
  - (b) the potential danger to a subsequent pregnancy; and
  - (c) the potential danger of infertility.
- 5. That human physical life begins when a human ovum is fertilized by a human sperm.
- 6. The probable gestational age of the fetus at the time the abortion is to be performed, including:
  - (a) a picture of a fetus;
  - (b) the dimensions of a fetus; and
  - (c) relevant information on the potential survival of an unborn fetus;

at this stage of development.

- 7. The medical risks associated with carrying the fetus to term.
- 8. The availability of fetal ultrasound imaging and auscultation of fetal heart tone services to enable the pregnant woman to view the image and hear the heartbeat of the fetus and how to obtain access to these services.
- 9. The pregnancy of a child less than fifteen (15) years of age may constitute child abuse under Indiana law if the act included an adult and must be reported to the department of child services or the local law enforcement agency under IC 31-33-5.

I have been informed orally and in writing of the following:

- 1. That medical assistance benefits may be available for prenatal care, childbirth, and neonatal care from the county office of the division of family resources.
- 2. That the father of the unborn fetus is legally required to assist in the support of the child. In the case of rape, the information required under this clause may be omitted.
- 3. That adoption alternatives are available and that adoptive parents may legally pay the costs of prenatal care, childbirth, and neonatal care.
- 4. That there are physical risks to the pregnant woman in having an abortion, both during the abortion procedure and after.
- 5. That Indiana has enacted the safe haven law under IC 31-34-2.5.

I acknowledge that I have been provided a color copy of the ISDH Informed Consent Brochure and been informed that the ISDH Informed Consent Brochure is posted on the ISDH Web site. The internet web site address of the State Department of Health's web site is <a href="www.in.gov/isdh">www.in.gov/isdh</a>. The direct link to the ISDH Terminated Pregnancy (Abortion) Information is <a href="www.in.gov/isdh/25199.htm">www.in.gov/isdh/25199.htm</a>. The ISDH Informed Consent Brochure includes the following information:

- 1. Objective scientific information concerning the probable anatomical and physiological characteristics of a fetus every two (2) weeks of gestational age, including the following:
  - (A) Realistic pictures in color for each age of the fetus, including the dimensions of the fetus.
  - (B) Whether there is any possibility of the fetus surviving outside the womb.
- 2. Objective scientific information concerning the medical risks associated with each abortion procedure and abortion inducing drug, including the following:
  - (A) The risks of infection and hemorrhaging.
  - (B) The potential danger:
    - (i) to a subsequent pregnancy; or

I hereby certify that information has been provided to me as indicated above.

- (ii) of infertility.
- 3. Information concerning the medical risks associated with carrying the child to term.
- 4. Information that medical assistance benefits may be available for prenatal care, childbirth, and neonatal care.
- 5. Information that the biological father is liable for assistance in support of the child, regardless of whether the biological father has offered to pay for an abortion.
- 6. Information regarding telephone 211 dialing code services for accessing human services as described in IC 8-1-19.5, and the types of services that are available through this service.

Printed name of patient	Patient's medical record number	
Signature of patient	Date (month, day, year)	Time