MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Medication Abortion Consent Form

FACILITY NAME

PATIENT NAME *(please print)*	PATIENT I.D. NUMBER *(for office use only)*

Massachusetts law requires you to sign this informed consent form prepared by the Massachusetts Department of Public Health (MDPH).

By signing my name below, I confirm that I have read, understand, and agree with the following statements:

- I consent to a medication abortion, which will terminate my pregnancy.
- I understand that I will take two medications: mifepristone and misoprostol. Mifepristone and misoprostol will terminate my pregnancy and empty my uterus. The medications will cause strong cramps and bleeding.
- Expected side effects from a medication abortion include cramps, fever, feeling sick to my stomach, nausea, or diarrhea. Light bleeding may last for two weeks or more.
- I understand that the following complications are rare:
  - fever, pain or discomfort, weakness, nausea, vomiting, or diarrhea more than 24 hours after I have taken the second medication, which can be caused by an infection;
  - the pregnancy or part of the pregnancy may be left in my uterus;
  - heavy bleeding that would require a blood transfusion;
  - reactions to the medications such as fainting, headaches, feeling dizzy, or feeling weak;
  - severe infection, or death (which happens in less than 1 in 100,000 abortions and is 10 times lower than the rate of death from childbirth).
- I have a plan with my health care provider to confirm that the pregnancy has terminated.
- I had the chance to ask questions and talk about my concerns with my health care provider.

SIGNATURE OF PATIENT	DATE
SIGNATURE OF PARENT/GUARDIAN *(if patient is under age 16 and has never been married)*	DATE

☐ Court authorization obtained.

This form shall be maintained solely by the facility as part of your confidential medical record.

MDPH Medication Abortion Consent Form; last revised 2022. This consent form is available in multiple languages commonly spoken in Massachusetts. Email dph-abconsents@mass.gov to request additional languages.