

Safety Checklist:

Print out and take this list with you to the clinic. Make sure to keep this in a safe place in your home – as some effects associated with abortion may not show up for several years. If anything happens to you during or after the abortion, you will have a record of what was told to you.

KNOWLEDGE EQUALS POWER

What is the name of the doctor performing the abortion? _____

At which hospital does the doctor have privileges? _____

What will the abortion cost? _____

What does that fee cover? _____

Are there any additional fees? no yes

If yes, what are they? _____

What kind of procedure will be done? _____

Describe the procedure in detail. _____

Will the abortion be painful for me? no yes

If yes, how long will I be in pain? _____

What does the fetus look like right now? _____

What can the baby do and feel? _____

Will you provide STD testing, RH testing, and Ultrasound photos? No Yes

If no, describe the risk of Pelvic Inflammatory Disease or Hemolytic Disease.

Will you treat me for complications? _____

Is follow up care or emergency care provided in the cost? no yes

Has the doctor ever had any complications or malpractice suits against him/her? no yes
If yes, what were they? _____

What options and support services are available to me if I choose not to abort?

Doctor's signature

name of clinic

date