

# 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