

**Fetal Pain Checklist**  
**Twenty (20) Weeks or More Gestational Age**

Act 1696 of 2005 and Act 1086 of 2015

On \_\_\_\_\_ (date), I was informed orally and in person by \_\_\_\_\_  
(name of physician who is performing the abortion or the physician's agent) of the following:

- \_\_\_\_\_ By 20 weeks gestational age, the unborn child possesses all anatomical links in its nervous system that are necessary in order to feel pain
- \_\_\_\_\_ An unborn child of 20 weeks gestation or more is fully capable of experiencing pain
- \_\_\_\_\_ A description of the actual steps of the procedures to be performed or induced and at which steps in the procedure the unborn child is capable of feeling pain
- \_\_\_\_\_ Maternal anesthesia typically offers little pain prevention for the unborn child
- \_\_\_\_\_ An anesthetic, analgesic or both are available so that pain to the fetus is minimized or alleviated and I have been informed of the medical risks associated with the particular anesthetic or analgesic that is available
- \_\_\_\_\_ I have a right to view the printed materials related to unborn child pain awareness
- \_\_\_\_\_ I understand that the information related to unborn child pain awareness is contained in the provided printed materials and on the Arkansas Department of Health website ([www.healthy.arkansas.gov](http://www.healthy.arkansas.gov)).
- \_\_\_\_\_ I understand the information contained in the printed materials was provided by the State of Arkansas

I certify and affirm that I have received the above information at least 48 hours before I undergo an abortion and that I do hereby voluntarily give my fully informed consent to the abortion.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
witness

\_\_\_\_\_  
Date

