Informed Consent Checklist

NOTICE TO ALL PATIENTS
Arkansas law provides that abortions may be performed only with the voluntary and informed consent of the patient. In compliance with Act 1086 of 2015 and Act 1696 of 2005, this form is important to ensure that you have been provided all of the information you need to make a fully informed decision.

Certification of Receipt of Abortion Information
I certify that I have received the printed materials entitled “Abortion – Making a Decision” and “Arkansas Directory of Services” and a copy of the DVD entitled “Abortion – Making a Decision”.

I understand that Arkansas law requires that I am provided these materials at least 48 hours before I undergo an abortion. I also understand that if I am unable to read the materials, the materials must be read to me in a language I can understand. I certify that this requirement of the law has been met for me.

__________________________________________ ______________________________
Signature of Patient      Date

Certification of Voluntary and Informed Consent for Abortion
On ________ (date), I was informed orally and in person by ___________________________________(name of physician who is to perform the abortion, or the referring physician) of the following:

____  The name of the physician who will perform the abortion
____  A description of the proposed abortion method
____  The immediate and long-term medical risks associated with the particular abortion procedure
____  Alternatives to the abortion
____  The probable gestational age of the unborn child at the time the abortion is to be performed
____  The probable anatomical and physiological characteristics of the unborn child at the time the abortion is to be performed
____  The medical risks associated with carrying the unborn child to term
____  Any need for anti-Rh immune globulin therapy if I am Rh negative, the likely consequences of refusing such therapy and the cost of the therapy
____  Information on reversing the effects of abortion-inducing drugs
On __________ (date), I was informed orally and in person by ____________________________________
(name of physician who is to perform the abortion, the referring physician or a qualified person) of the
following:

____ Medical assistance benefits may be available for prenatal care, childbirth, and neonatal care and
that more detailed information on the availability of such assistance is contained in the printed
materials and informational DVD provided to me

____ The printed informational material and informational DVD describe the unborn child and list
agencies that offer alternatives to abortion

____ The father of the unborn child is liable to assist in support of the child, even in instances in
which the father has offered to pay for the abortion

____ I am free to withhold or withdraw my consent to the abortion at any time without affecting my
right to future care or treatment and without the loss of any state or federally funded benefits
to which I might be entitled

____ The information contained in the printed materials and the DVD, including the Directory of
Services, is available on the Arkansas Department of Health website
(www.healthy.arkansas.gov)

I certify and affirm that I have received the above information at least 48 hours before I undergo an
abortion, the information was given to me in a private room and I was given the opportunity to ask
questions. I do hereby voluntarily give my fully informed consent to the abortion.

______________________________  ______________________________
Signature of Patient  Date

______________________________  ______________________________
witness     Date