

**REPRODUCTIVE HEALTH SERVICES OF PLANNED PARENTHOOD OF THE ST. LOUIS REGION**  
**4251 FOREST PARK AVE. • FIRST FLOOR • ST. LOUIS, MO 63108**  
**314-531-7526, EXT. 539**

**CERTIFICATION OF INFORMED CONSENT**

By signing this form I am acknowledging that I have been given the information about the abortion procedure at least 24 hours prior to my procedure. This includes:

**Please initial as you read:**

- \_\_\_\_\_ I certify that I state I am pregnant and state my last menstrual period was \_\_\_\_\_.
- \_\_\_\_\_ I have been given an explanation of the nature and risks of the abortion procedure, including a description of the procedure;
- \_\_\_\_\_ I have confirmed that the medical history I gave is true and complete to the best of my knowledge.
- \_\_\_\_\_ I have had a discussion with the physician about any other health related information that may be important.
- \_\_\_\_\_ I have been informed of any additional risks, if any, that may be related to my personal medical history;
- \_\_\_\_\_ I consent to this abortion without any inducement or element of force, fraud, deceit, duress or other form of constraint or coercion by the medical staff or physician;
- \_\_\_\_\_ I have been allowed the opportunity to ask questions and to have any questions answered in a satisfactory manner;
- \_\_\_\_\_ I have been given instruction that I may withdraw my consent at any time prior to the performance of the procedure;
- \_\_\_\_\_ I have been informed of my options and have been advised I can speak to a counselor if I desire.
- \_\_\_\_\_ I certify that this information was provided in an individual setting that protected my privacy and maintained the confidentiality of my decision.

I attest that I have been given all of the above information by a treating physician on Date \_\_\_\_\_ Time \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Staff Use Only:  Procedure Date: _____
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**Patient Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Code#:** \_\_\_\_\_