Tipsheet For Referring Providers Completing NC Abortion Consent Forms

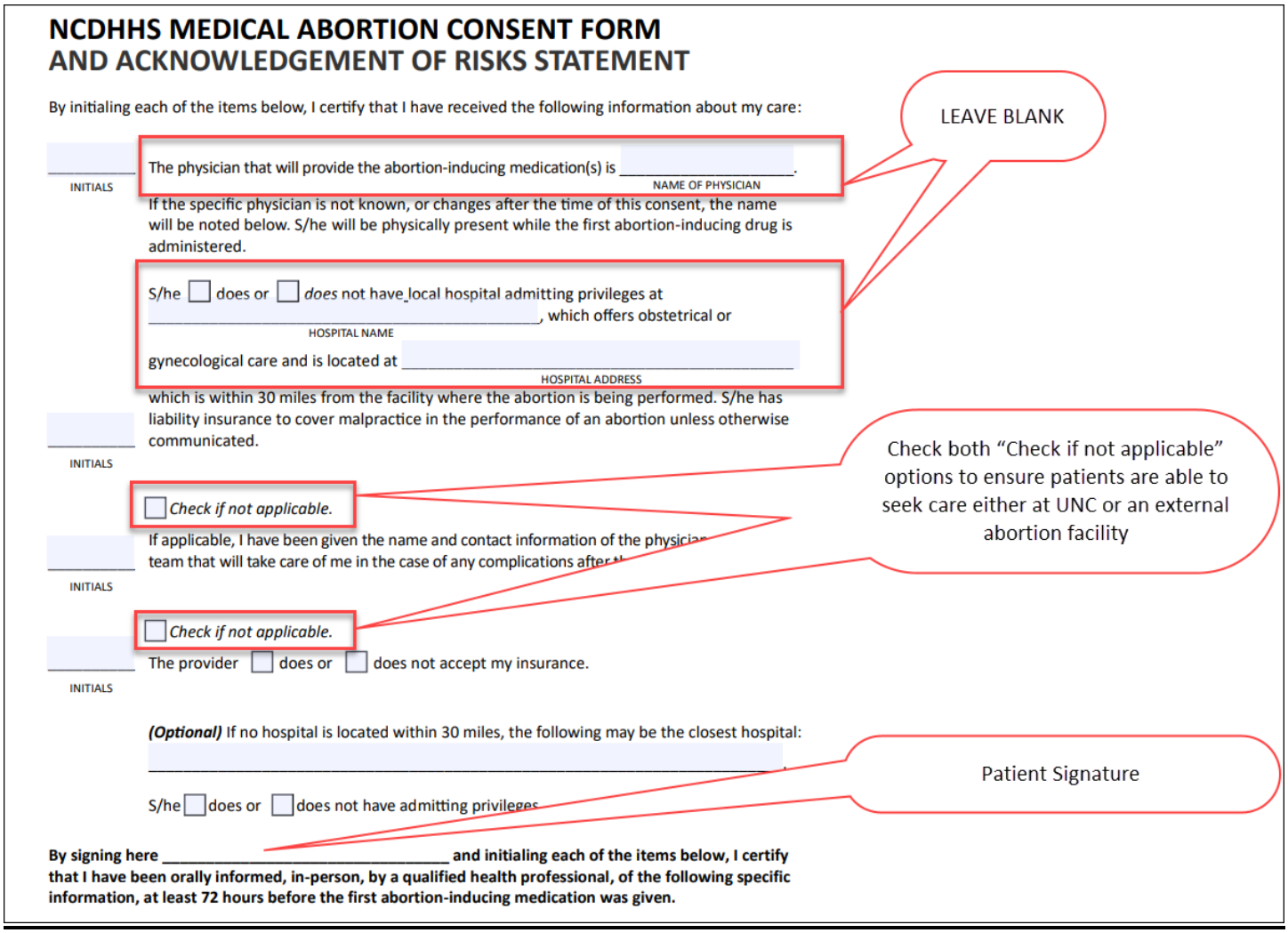
1. First, determine if the patient is obtaining a MEDICAL or SURGICAL abortion and sign the appropriate consent form.
    a. If > 12 weeks gestation, the abortion must be performed surgically.
    b. If ≤ 12 weeks, it is strongly recommended that both forms are signed even if patient is relatively certain which type they will pursue, in order to ensure options aren't limited if situation changes. Of note, typically medication abortion is offered up to 11w0d.

Medication - https://www.ncdhhs.gov/ncdhhs-medical-abortion-informed-consent-english/download

Surgical - https://www.ncdhhs.gov/ncdhhs-surgical-abortion-informed-consent-english/download

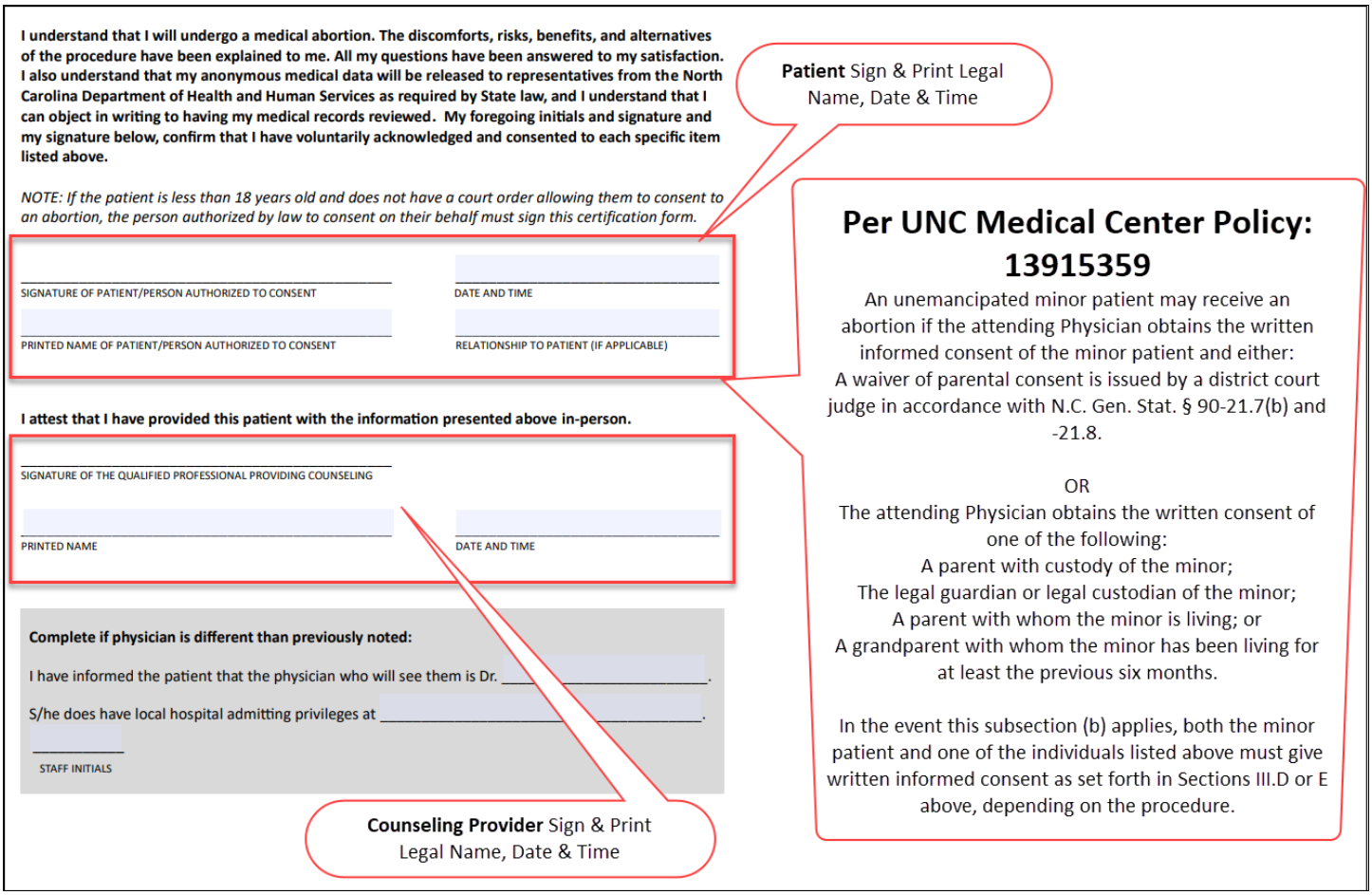
2. Complete patient name and date of birth at the top of the form. **Do NOT use a patient sticker**

3. **PAGE 1**



4. Read the line-by-line provisions in the consent form to the patient
5. Ask the patient to initial **EACH** of the statements in the consent form

6. Ask the patient to print and sign their full name as well as time/date



7. As the counseling provider who has provided the information contained in the consent form, please print and sign your name as well as time/date.

8. Provide patient with a copy of the form regardless of where they will be receiving abortion care and instruct them to bring the form to all upcoming appointments.

9. If the patient might be seeking care at UNC, have the form IMMEDIATELY scanned into the Media tab of Epic entitled "GYN CONSENT" so as not to delay care.

10. If patient expresses confidentiality concerns and is certain not to be receiving abortion services through UNC, consider not scanning into Media tab and just giving patient a copy.

11. Place a referral for family planning in Epic if the care is desired through UNC. Also call Family Planning on-call directly if patient is close to 12 week cut-off (or 20 week cut-off for rape/incest.)
    Order Number REF30 (Referral to Gynecology)
    Specialty: Gynecology
    Referred To Department: UNC FAMILY PLANNING HILLSBOROUGH
    ***This is required in order to avoid patient care delay.**