

GORLI HARISH, M.D. · KANAWHA SURGICENTER

4803 MacCorkle Avenue, SE · Charleston, WV 25304 · (304) 925-6390 · Fax: (304) 925-7931

Patient Name: _____ Age: _____ Weeks _____ Appt. Date _____ Time _____

1. Dr. Gorli Harish is a Physician licensed by the State of West Virginia and will be performing your Abortion Procedure.
2. According to the information provided by you, you are approximately _____ weeks. However, on the day of your appointment an ultrasound will confirm the gestation.
3. The Medical Risks associated with carrying the pregnancy to term:
 - A. The risk of death and/or major health problems of the mother are twenty times greater than Associated with having a pregnancy terminated in the first twelve weeks.
 - B. Premature delivery and/or birth defects
 - C. Postpartum depression and psychological problems associated with hormonal changes
 - D. Uterine rupture
 - E. Toxemia of pregnancy
 - F. Hysterectomy (Surgical removal of uterus and/or ovary and tubes)
 - G. Infection (Post vaginal or c-section delivery)
 - H. Excessive Bleeding
 - I. Stroke
 - J. Urinary and/or Fecal Incontinence
 - K. Permanent alterations in body shape and appearance
 - L. Increased cost of raising a child and childcare
 - M. Extreme pain associated with labor and delivery
 - N. C-section (surgical delivery of term pregnancy)
 - O. High Blood Pressure
 - P. Diabetes
 - Q. Death

DO YOU UNDERSTAND THESE RISKS THAT HAVE BEEN INDICATED? Yes _____ No _____

4. The following are medical risks associated with the method of termination used by this facility (Vacuum Aspiration):
 - A. Allergic reactions to pre-operative medications (seizure, asthma, etc.)
 - B. Uterine perforation (rare – less than 2 per 1,000 procedures)
 - C. Cervical Lacerations (rare)
 - D. Excessive Bleeding
 - E. Retained products of conception
 - F. Infection
 - G. Inability to terminate the pregnancy
 - H. Possibility of exploratory surgery
 - I. Psychological problems post procedure (depression, grief, etc.)
 - J. Discomfort/Pain associated with cramping – usually mild)
 - K. Death (it is much safer to terminate a pregnancy that to remain pregnant)

DO YOU UNDERSTAND THESE RISKS THAT HAVE BEEN INDICATED? Yes _____ No _____

5. Do you wish to discuss adoption alternatives? Yes _____ No _____
6. Do you understand that the father of the child must provide financial assistance if you deliver? Yes _____ No _____
7. Do you wish to discuss assistance programs available in the State of West Virginia? Yes _____ No _____
8. Do you wish to review statistical material provided by the State of West Virginia before having your Abortion? **(This material may be obtained by calling the Department of Health at 304-558-8870)** Yes _____ No _____
9. Do you wish to review material provided by the Physician showing an anatomical and physiological characteristics of the embryo or fetus at 2-weeks to full term? Yes _____ No _____
10. Do you wish to review the printed materials available on the State Sponsored Website www.wvdhhr.org? Yes _____ No _____
11. Do you wish to review the W. Virginia State Law, Senate Bill 170 on the “Women’s Right To Know Act 2003”?

I ACCEPT _____ I REFUSE _____
Patient Initials Patient Initials Patient Signature Date

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PATIENT

I, _____ RECEIVED ALL OF THE INFORMATION ABOVE AT LEAST ONE DAY PRIOR TO THE SCHEDULED DATE OF MY PROCEDURE AND HAVE NO FURTHER QUESTIONS REGARDING THIS INFORMATION AT THIS TIME.

I, _____ UNDERSTAND THAT THE DECISION TO TERMINATE OR CONTINUE MY PREGANCY IS ONE OF WHICH ONLY I CAN DECIDE AND THAT I HAVE A LEGAL RIGHT TO DO SO. HAVING MADE THIS DECISION OF MY OWN FREE WILL, I ELECT TO TERMINATE MY PREGANCY.

PATIENT SIGNATURE

DATE

DR. GORLI HARISH

I, GORLI HARISH, M.D. HAVE CONFIRMED WITH (PATIENT) _____ THAT THE ABOVE INFORMATION WAS PROVIDED AT LEAST ONE DAY PRIOR TO THE SCHEDULED DATE OF THE PROCEDURE.

GORLI HARISH, M.D.

DATE

EMPLOYEE NAME (PRINT)

EMPLOYEE SIGNATURE

DATE