

LAS CRUCES WOMEN'S HEALTH ORGANIZATION

2918 HILPERISE DR. LAS CRUCES, NM. 88011

PATIENT PRIVACY NOTICE

In accordance with the Federal Privacy Law (HIPPA), Las Cruces Women's Health keeps medical information and records confidential and will only use them for patient treatment, health care operations, and billing purposes.

TREATMENT: Our physician, clinicians, and staff will use your medical information to give you the best possible care.

HEALTH CARE OPERATION: Las Cruces Women's Health will use this information for appropriate follow-up care, patient notification, statistical and regulatory requirements, and internal quality assurance programs. Medical record data may be shared with authorized parties.

DISCLOSURE OF INFORMATION WITH EXTENUATING CIRCUMSTANCES

1. Health information will be given to family members in case of an emergency or under other circumstances with proper authorization and documentation
2. Health information may be given to other physicians or institutions under emergency situations.
3. Information may be given to proper authorities when neglect or abuse is alleged or suspected.
4. Information may be provided to courts or other agencies when a subpoena is given to this office.
5. I understand and agree to the above Privacy Policy.

Patient Signature

Date

Patient Name (PRINTED)

Witness

Parent Signature (If Minor)

Las Cruces Women's Health, Organization
2918 Hilbrise Dr.
Las Cruces, NM. 88011

CONSENT FORM FOR DIAGNOSTIC ULTRASOUND EXAMINATION

I, _____, authorize Las Cruces Women's Health Organization to perform an ultrasonic examination on me. The purpose of the examination is to 1) confirm the presence of pregnancy tissue within the uterus, and 2) measure the size of the pregnancy to determine how many weeks it has been present.

I understand that the procedure involves putting water soluble gel on the skin after which the ultrasound probe is placed in contact with the skin. The probe emits short pulses of high frequency sound which enter the body and are reflected as echoes. These echoes are processed to give information regarding internal body structures. I also understand that if an accurate measurement cannot be obtained through this method, a vaginal ultrasound will then be performed where a vaginal probe is covered by a condom and then placed inside of the vagina. This is usually done with earlier pregnancies.

(PLACE ULTRASOUND HERE)

Technique: • Abdominal • Vaginal
Planes scanned: • Longitudinal • Transverse
Single gestation: • Yes • Multiple: _____
Intrauterine: • Yes • No
Yolk sac: • Yes • No
Cardiac activity: • Yes • No

Gestational measurements
Length _____ + Height _____ + Depth _____ /3 + 30 = _____ days
Placenta Location (Second Trimester Only):
Anterior Posterior Fundal Low-lying

Patient Signature: _____

Date: _____

Ultrasound Tech's Signature: _____

Date: _____

Physician/NP Signature: _____

Date: _____

Las Cruces Women's Health Organization
2918 Hilbrise Drive / Las Cruces, NM. 88011

All information and patient records are kept confidential

(PLEASE PRINT CLEARLY)

Name _____ Age _____ Date of Birth _____

Address _____ City _____ County _____

State _____ Zip Code _____ Home Phone _____ Work Phone _____

Cell Phone _____

Race: (CIRCLE ONE) Hispanic, Latino, Mexican, Mexican American, Chicano, Puerto Rican, Cuban, White (Caucasian), Black (African American), Chinese, Filipino, Japanese, Korean, Vietnamese, Native Hawaiian, Samoan, Asian, Indian, Guamanian or Chamorro, Other (Specify) _____

Patient's Education---Check the highest degree or level of school completed.

_____ 8th grade or less

_____ 9th—12th grade (no diploma),

_____ High school graduate or GED completed

_____ Some college, No degree

_____ Associate degree (AA, AS)

_____ Bachelor's degree (BA, AB, BS)

_____ Master's degree (MA, MEng, MEd, MSW, MBA)
Degree (MD, DDS, DVM, LLB, JD),

_____ Doctorate (PhD, EdD) or Professional
_____ Unknown

PERSONAL / PERSONAL RESPONSIBILITY AGREEMENT

_____ **(INITIAL) PT. ACKNOWLEDGEMENT AND UNDERSTANDING OF THE BELOW STATEMENT**

In some cases, the physician may require additional testing for patients to verify a very early pregnancy, or, for a complication of pregnancy. Depending on where your services were rendered, these bills may be from a lab for blood work or from a physician or local hospital. These charges are your responsibility and are not part of the fees charged by the facility. As a patient at this facility, I understand that I am responsible for the medical cost of any additional services or testing.

MY SIGNATURE BELOW IS MY CONFIRMATION THAT THE DECISION THAT I AM MAKING TODAY IS OF MY OWN FREE WILL AND NOT COERCED BY ANYONE ELSE. I AM DEFINATE IN MY DECISION.

Patient Signature: _____

Date: _____

Clinic Witness: _____

Date: _____

LAS CRUCES WOMEN'S HEALTH, ORGANIZATION

MEDICAL HISTORY FORM

PREGNANCY HISTORY

Total number of previous pregnancies _____

Number of Living children _____ How many vaginal deliveries _____ How many C-sections _____

Number of Miscarriages _____ Number of Abortions _____

Dates of deliveries _____

Complications with pregnancies, miscarriages, deliveries, or abortions: NO /YES

IF YES, Explain _____

Check below if you have now or have ever had any of the following:

ALL MUST BE CHECKED

YES NO

- ____ Have you ever had a pelvic examination.
- ____ Have you had a history of abnormal Pap Smears? If so, what class & how was it treated? _____
- ____ Vaginal Infection (Yeast, or STD Sexually Transmitted Disease: Chlamydia, Herpes, HIV, Vaginal warts, Trichomonas, Gonorrhoea, Syphilis, Etc.) When? _____
- ____ PID (pelvic Inflammatory Disease) or infection of the fallopian tubes? When? _____
- ____ Discharge from your vagina now? If so, Color _____ odor _____ itching _____
- ____ Cancer of the uterus, cervix, or vagina?
- ____ Breast mass, lumps, discharge, or breast cancer?
- ____ Are you breast feeding now.
- ____ Are you allergic to any Medications? If YES, name of med: _____ *
- ____ Have you ever been hospitalized? Date & Reason _____ *
- ____ Have you had any outpatient surgeries? Date & reason: _____ *
- ____ Have you ever had a blood transfusion? Date & reason: _____
- ____ Do you currently smoke cigarettes? How many a day _____ For how long? _____
- ____ Do you drink Alcohol? How much a day _____ For how long? _____
- ____ Are you taking medication/drugs now. Drug _____ *

YES NO

- ____ Problems with Anesthesia
- ____ Liver Disease/hepatitis
- ____ Anemia (sickle cell/low iron)
- ____ Cold/Flu/Pneumonia now?
- ____ Migraines/Headaches
- ____ Neurological Problems

YES NO

- ____ Psychiatric Care
- ____ Bleeding Disorder
- ____ Tuberculosis
- ____ Heart Disease
- ____ Epilepsy/Seizure disorder
- ____ Drug Addiction/Abuse

YES NO

- ____ Heart Valve Problem
- ____ Asthma
- ____ High blood pressure
- ____ Heart murmur
- ____ Cancer
- ____ Asthma

I certify that the information in the medical chart is correct, and I understand that Jackson Women's Health Organization has relied upon this information. In the continuation of care, I understand that Las Cruces Women's Health will be calling to check on me and this is the telephone number that can be used: _____

Patient Signature: _____ Date: _____

Reviewed with Patient By (Clinic Staff) _____ Date: _____

Las Cruces Women's Health, Organization

2918 Hillrise Dr.

Las Cruces, NM. 88011

CONSENT TO ABORTION

I, _____, age _____, do hereby give consent to, and request and authorize Dr. _____ and assistants of his/her choosing to perform an ABORTION on me. I warrant that the first day of my last normal period was _____ (date).

**Patient
Initials**

**Counselors
Initials**

ALTERNATIVES: The initial alternative to ending a pregnancy is to continue it to term and birth. Therefore, one usually either takes on the duties of parenthood, or arranges for adoption. Continued pregnancy has medical and mental risks, considered by most medical specialist to be greater than the risks associated with abortion. Parenthood has both benefits and risks that vary widely depending upon the individual and her unique circumstances. The risks, benefits, and detriments of continued pregnancy in your situation should be carefully considered before deciding upon and abortion.

PURPOSE OF ABORTION: I have been advised and have had explained to me what Vacuum Aspiration/Dilation and Evacuation abortion is and what it is for. I understand that tests and/or examinations performed on me indicate that I am pregnant and that the purpose of the abortion is to terminate my pregnancy. I know that I have the right to continue this pregnancy to its full term, but it is my personal choice to end in now. All my questions have been answered.

ANESTHESIA: I understand that with any drug or medication there are potential risks and complications including, but not limited to, those listed here. I further understand that oral and IV medications generally carry more potential risks than local anesthetics. I understand the risk of LOCAL anesthesia range from minor to severe including nausea, convulsions, cardiac arrest and possibly the rare event of death. I understand the risks of oral anesthetics range from minor to severe including nausea, prolonged unconsciousness, and even death. I further understand that if I choose to receive anti-anxiety medication it may interfere with my ability to concentrate and impair operation of machinery for at least 24 hours (or longer if full alertness has not returned) and understand that I would be endangering myself and others by driving and operating machinery during that time. I hereby consent to the administration and authorize the use of such anesthetics as the doctor and his/her assistants deem advisable.

Patient
Initials

Counselors
Initials

RISKS: Abortion is surgery, and like all surgery has certain statistical risks of both minor and major complications including the possibility of death. Please read carefully so that you understand we cannot make any guarantees or assurances the result obtained from an abortion procedure will always be perfect. Any time someone undergoes medical treatment, there is always the possibility of an unusual complications that may not be foreseen and is not specifically mentioned in the consent form.

I understand that having an abortion involves some risks to me, including, but not limited to the following: DEATH; HEMORRHAGE; SHOCK; CARDIAC ARREST; PERFORATION (puncture) of the uterus and INFECTION. To avoid infection as a possible complication, I understand I am responsible for taking the precautions explained to me and listed in the post-operative instruction I will receive. In some instances, all pregnancy tissue may not be removed, and an INCOMPLETE ABORTION may occur. If the abortion is incomplete, I may have a fever, heavy bleeding and/or cramping. If any of these symptoms appear, I should immediately contact Las Cruces Women's Health Organization, or go to a hospital to see a doctor at once. I understand the procedure may have to be repeated because of retained tissue or other problems. I understand that the doctor, clinic, and hospital make no guarantees regarding the abortion and that I may still be pregnant after the abortion. I understand that infection or other complications might require a D&C procedure (cleaning of the uterus), a hysterectomy or may result in death. I understand that if I have a multiple pregnancy, the chance of complications is increased. I understand I may call the clinic for follow-up counseling and referral. I accept all these risks and take responsibility for their consequences.

ECTOPIC PREGNANCY: (pregnancy in the tubes). I understand that in some instances the pregnancy can be in the fallopian tubes leading to the uterus. I understand that an ectopic pregnancy can be difficult to detect and that an abortion procedure cannot terminate such a pregnancy. A tubal pregnancy occurs when the fertilized egg implants in the fallopian tube instead of the uterus. If this condition is not stopped, the fetus develops in the tube until it is large enough to burst the tube. Although the chances of a tubal pregnancy are small, the risk of death from a ruptured tubal pregnancy is very great. For this reason, tubal pregnancies must be treated and may require hospitalization. This is a preexisting medical condition for which Las Cruces Women's Health Organization, its staff, and physicians. assume no medical or financial responsibility.

LABORATORY: I consent to the disposal of any tissue or the other contents of my uterus, which may be removed during the abortion. I also consent to the administration of RhoGAM (or equivalent) should my blood be Rh negative. I understand that the doctor or clinic may need to contact my emergency contact or myself regarding additional laboratory findings and consent thereto.

**Patient
Initials**

**Counselors
Initials**

ADDITIONAL PROCEDURES: If during the abortion procedure, any unforeseen conditions or complications arise, and the doctor in his/her professional judgment decides that different or additional procedures including but not limiting to anesthesia or blood transfusion or the association of another doctor, or hospitalization are necessary, I give my consent as such. I assume all responsibilities for payment for any additional services set forth above. I give permission for my parents (or legal guardian where applicable) or other person (name set forth below) to be notified by the doctor or staff of the clinic. The correct identity, address, and phone numbers of my emergency contact are set forth below.

EMERGENCY: I have been given an emergency telephone number, which I can call 24 hours a day for assistance. I agree to notify the clinic in the event of a problem. My failure to give notice within 72 hours releases the doctor and the clinic from any responsibility to me for emergency care.

FOLLOW UP: I have been advised that I may return to my doctor or Las Cruces Women's Health Organization within 3-4 weeks for a follow up examination. I understand that this examination can check for complications or other problems that appear, and that I am not still pregnant, and that the recovery process has gone properly. My failure to obtain follow up care relieves the Doctor and Clinic of any further responsibility to me.

I have read and fully understand this form. All blanks have been filled in before I signed my name. All information given herein, and my Medical History is true and correct, and I realize that the Doctor and Las Cruces Women's Health Organization have relied on such information. My consent has been freely given. I have rejected the alternatives to abortion and this procedure is being performed at my request.

The below information must be filled out completely to be seen at our facility

Patient Information:

Emergency Contact Information:

Patient Name: _____

Person to Notify: _____

Address: _____

Their Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____

Phone: _____

Patient Work Phone: _____

Patient Signature: _____

Today's Date: _____

Clinic Counselor: _____

Do what you feel in your heart to be right - for you'll be criticized anyway. ...No one can make you feel inferior without your consent. -Eleanor Roosevelt

You Are a Good Woman



You are a good woman. It may be hard for you to believe that right now, but deep in your heart you know you are making your decision out of a place of goodness. This pregnancy and whatever choice you make about it doesn't change that.

For some women abortion is a clear, certain decision. For others it can be really hard. For most women it is somewhere in between.

Many Women Have Chosen Abortion

For thousands of years women all over the world have wanted to prevent pregnancy and birth when they are not ready to have a baby. Since 1973, when the United States Supreme Court made abortion legal, there have been more than 53 million women in America who have chosen abortion. Those abortions also involved nearly 53 million men. One in three American women will have an abortion during her life. Each day, good women and men just like you make that choice.

There Are People Who Want to Make You Feel Bad

Here is something that may surprise you. Even though you know you are doing the best you can, there are people who are working hard to make you feel guilty and ashamed. These are the people who want abortion to be a crime. For nearly forty years since abortion became legal, these people have spent millions of dollars and used politics, religion, intimidation, terrorism, threats, arson, violence and even murder to try to make it so you don't have a choice.

This may already be a hard time for you. It's not fair, but making you feel even worse is part of their plan. They believe that if you feel guilty and ashamed it will be hard for you to stand up for yourself, let alone for any other women. The people who don't want women to have any choices act as though they speak for God—as though they are God. And they think if they act righteous enough they might be able to control you.

The anti abortion activists are a small group. They are not necessarily bad people. Some of them may be very sincere in their beliefs. But they think they are right and everyone else is wrong. The only thing they care about is their crusade to make abortion illegal. You may have had to walk past some of these people if there were picketers outside the clinic.

They Don't Know You

These anti-abortion people don't know you. They don't know what's in your head or your heart. They don't know about your life or your values. They don't know if you have other children depending on you. They don't know if the man involved is someone you can trust or depend on. They don't know if you are ready to be a mother, or if you can afford to care for a child. They don't know your spiritual or religious beliefs. They don't know your situation. They don't know what you want. And the truth is...

They don't really care.

When People You Care About Judge You

It is very hard when you think that people you care about will judge you—or think that you are doing a bad thing. It hurts when people think less of you. How can you feel sure of yourself and your own decisions when you don't have support from people who are important to you? At those times, you need to be as sure as you can of what is right for you. One of the challenges we all face is learning to trust our own hearts and being OK even if other people don't agree. It is also important to find someone, even if it's only someone at the clinic you are going to, who isn't going to judge you.

Sometimes criticism may come, not from friends or family, but from your church. No matter what you think the rules of your religion are, what is the heart of your faith? What does your religion teach about forgiveness? How does it provide support and comfort for you at times when there is no easy decision? What does the *God inside your heart* say?

How You Feel is Up to You

You are making two very important decisions. The first decision is whether to continue or end your pregnancy. The second decision is how you're going to *feel* about that afterwards. Most of us don't think that how we feel about things is a decision. But who else is in charge of your thoughts and the meanings you give to things?

When you hear something over and over, like "abortion is murder", it can get into your head—like a commercial. But if you really believed that abortion was the same as murder you probably wouldn't even be considering it.

When you're facing tough times, it can sometimes feel like you are a scared little kid. That can give an angry, judgmental voice of authority, like the anti-choice protesters, even more power. The anti abortion people have not been able to make abortion illegal yet, but they have made many women doubt their own goodness.

Honor Yourself

One woman could have an abortion and might forget how hard she worked to make a good decision—and how much she cared. Later, she might decide she is a bad, selfish woman who will never be forgiven.

A different woman could have an abortion and might remember her reasons for choosing abortion and have compassion for herself as a human being in a difficult situation. She could accept whatever feelings she is having, and decide she is a good woman doing the best she can for herself and her family. Which woman would you choose to be?

Do You Judge Yourself?

It never feels good to be judged from the outside. But it can be even harder when the mean, critical voice of judgment is coming from inside your own head. Women so often judge themselves without mercy. It's like we have a horrible bunch of picketers in our own minds! Who benefits when you punish yourself? Who pays the price when you are suffering? You, of course. But also the people closest to you—your family and friends. If you decide to treat yourself with kindness you give a gift to yourself and everyone close to you.

In Real Life Things Are Not Black and White

In real life things aren't just one way or another—black or white. We are likely to have mixed feelings about difficult issues. But when it comes right down to it, how we live our lives, whether we are miserable or happy and how we feel about ourselves, is pretty much our own decision. What kind of life do *you* want to have?

Women Know

Can it be that women know something very deep inside, even deeper than fear and shame? Can it be that women know it is their responsibility to decide when to bring a new life into this world? Can it be that *you* know better than anyone else what is right for you? If you doubt that, think for a moment-- who else would you trust to make this decision for you? Women are not the enemies of our children—even those we decide not to bring into the world.

Don't You Deserve to Feel Peace?

If you have thought carefully and made the best, most responsible choice you can, then what's all this judgment and criticism doing in your head? **Don't you deserve to feel peace and resolution?** If you begin to doubt yourself, remember your goodness. You could take a deep breath and put your hand on your heart and say to yourself, "*I am a good woman doing the best I can*".

You are a good woman.



Abortion Care Network
RESPECT • CONNECTION • ZEST



Abortion Care Network <http://abortioncarenetwork.org/> also on facebook and twitter
Abortion Conversation Project <http://www.abortionconversation.com/>
Pregnancy Options Workbooks. <http://pregnancyoptions.info/>
Backline All Options Talkline 1-888-493-0092 <http://www.yourbackline.org/>
Faith Aloud interfaith reproductive justice 1-888-717-5010 <http://www.faiithaloud.org>
Religious Coalition for Reproductive Choice <http://www.rcrc.org>
Catholics for Choice <http://www.cath4choice.org>
Exhale after-abortion counseling talkline. 1866-439-4253 <http://www.lexhaler.org/>