

Self-assessment agreement

I understand that

- I am taking responsibility for performing my own post-treatment assessment to make sure that I am no longer pregnant.
- I will NOT be contacted by BPAS to find out if my treatment has worked.
- The signs that treatment may not have worked and that I still may be pregnant, are:
 - If I do not bleed within 24 hours of receiving misoprostol tablets
 - If I have less than 4 days of bleeding
 - If I still 'feel' pregnant at the end of 1 week or have symptoms of pregnancy such as sore breasts, sickness, tummy growing, etc.
- I should contact the clinic immediately if I have any of those signs, as I may require more treatment.
- I need to perform the urine pregnancy test that I have been given 2 weeks after treatment on ____ / ____ / ____
- The urine test must be performed using only my first morning urine (first urine passed when I wake up).
- If the pregnancy test is positive, or invalid, or I am not sure, that I must contact the clinic as soon as possible, as I might still be pregnant.
- Even if the pregnancy test is negative, that I could still be pregnant, if my next period does not come by 4 weeks after the treatment and I should call the clinic for an appointment.
- If the treatment fails and I am still pregnant, BPAS cannot guarantee a healthy pregnancy and I will be advised NOT to continue with the pregnancy.

Signature _____ Date ____ / ____ / ____