

KNOXVILLE CENTER FOR REPRODUCTIVE HEALTH, Inc.

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www.kcrh.com

***Patient Informed Consent Acknowledgement of Physician Counseling
(Tennessee Code Annotated, Section 39-15-202)***

Name: _____ Date of Birth: _____ Patient #: _____

Physician Counseling Date: _____ Time: _____ am / pm

Referring Physician Signature: _____

Referring Physician's License #: _____

I acknowledge that I was provided the following information in person by Dr. _____:

- Confirmation that I am Pregnant
- Gestational age of the embryo or fetus.
- The following statement: If 24 or more weeks have elapsed from the first day of a woman's last period or 22 or more weeks have elapsed from the time of conception, a woman's unborn child may be capable of survival outside the womb, with or without medical assistance. If a viable child is born prematurely in the course of an abortion, the physician must take steps to preserve the health and life of the child.
- The following statement: Numerous public and private agencies and services are available to assist women during a pregnancy and after birth of a child whether she keeps the child or places it for adoption. If I choose not to have the abortion, Knoxville Center for Reproductive Health, Inc., will provide a list of agencies and services available upon request.
- Where to receive care should complications arise.
- The medical benefits and risks of abortion or continuing a pregnancy, including any known risks to my pregnancy.
- A description of the method of abortion to be used, and the aftercare medical instructions to follow at home after the abortion.