Patient Name: _____ Date of Birth: _____

NCDHHS CONSENT FORM FOR ABORTION IN THE CASE OF A LIFE-LIMITING ANOMALY*

This procedure is being performed due to a physical or genetic disorder identified in the fetus that would be life-limiting. By initialing each of the items below, my physician and I certify that we have discussed the following things prior to the procedure.

Diagnosed Disorder(s): _____

_____

_____ _____ How and why my physician determined that the(se) disorder(s) would be life-limiting.
INITIALS MD INITIALS

_____ _____ The risks that the fetus could die before birth and the fact that some infants with life-limiting disorders are born alive and could have an unknown length of life.
INITIALS MD INITIALS

_____ _____ Information about and risks associated with the life-limiting disorder(s), including anything that is known about the chance and length of survival from current medical evidence.
INITIALS MD INITIALS

_____ _____ I have discussed the alternatives to abortion including continuing the pregnancy and having medical care for the infant(s) at birth. I was offered referrals for consultation with experts in newborn intensive care and newborn palliative care (comfort care) to discuss options for stabilization, evaluation, possible treatments, including the possibility of home discharge for comfort care for the infant(s) should I decide to continue the pregnancy.
INITIALS MD INITIALS

☐ *Check if not applicable.*

_____ _____ If the abortion is a medical abortion or a surgical abortion, all the information on the applicable NCDHHS Abortion Consent Form has been provided.
INITIALS MD INITIALS

My foregoing initials and signature below confirm that I have voluntarily acknowledged and consented to each specific item listed above.

NOTE: If the patient is less than 18 years old and does not have a court order allowing them to consent to an abortion, the person authorized by law to consent on their behalf must sign this certification form.

_____ _____
SIGNATURE OF PATIENT/PERSON AUTHORIZED TO CONSENT DATE AND TIME

_____ _____
PRINTED NAME OF PATIENT/PERSON AUTHORIZED TO CONSENT RELATIONSHIP TO PATIENT (IF APPLICABLE)

**Per North Carolina Session Law 2023-14, an abortion during the first 24 weeks of a woman's pregnancy is lawful if a qualified physician determines there exists a life-limiting anomaly.*