



Affix Patient Label

Name _____ Date of Birth _____

Informed Consent:

Methotrexate Treatment for Ectopic Pregnancy

This information is given to you so that you can make an informed decision about having **methotrexate treatment for ectopic pregnancy**.

Reason and Purpose of the Procedure:

- You have an ectopic pregnancy. This is a pregnancy that grows outside of the uterus. The pregnancy will not develop in a normal way. You may have blood loss that is life threatening or rupture of the fallopian tube. The drug methotrexate will be given to dissolve the pregnancy. You will need blood tests to show that you are no longer pregnant. You may need more than one dose of the drug.

Benefits of this procedure

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- You will not need an operation

Risks of this procedure

No procedure is completely risk free. Some risks are known and listed below. There may be risks not included in the list.

- Damage to the liver, lungs or bone marrow. These risks are very rare with the dose given.
- Rare side effects from this drug include:
 - Nausea and vomiting
 - Sores in the mouth or intestine
 - Lower abdominal pain
 - Rash
 - Chills
 - Feeling tired
 - Drop in the number of white blood cells
 - Bladder irritation
 - Allergic reaction to the drug

Risks associated with smoking:

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

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Risks associated with obesity:

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks specific to you:

Alternative Treatments:

Other choices:

- Surgery: removal of ectopic pregnancy by laparoscopy or laparotomy.
- You can decide not to have this treatment.

If you chose not to have treatment you may have;

- Rupture of the fallopian tube
- Blood loss that is life threatening

By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the doctor. My questions have been answered.
- I want to have this treatment: **Methotrexate for ectopic pregnancy**
- I agree to keep my follow-up appointments

Date _____ Time _____

Signature _____ Date _____ Time _____

Relationship Patient Closest relative (relationship) Guardian

Provider's Signature _____ Date _____ Time _____

Interpreter's Statement: I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.

Interpreter (if applicable)

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Teach Back

Patient shows understanding by stating in his or her own words:

Reason(s) for the treatment/procedure: _____

Area(s) of the body that will be affected: _____

Benefit(s) of the procedure : _____

Risk(s) of the procedure: _____

Alternative(s) to the procedure: _____

or

Patient elects not to proceed _____ (patient signature)

Validated/Witness: _____ Date: _____ Time: _____