

910 Route 54 East  
POB 518  
Clinton, IL 61727  
Phone: 217.935.3427  
Fax: 217.935.4037



1020 S. Market Street  
Monticello, IL 61856  
Phone: 217.762.7911  
Fax: 217.762.3422

**CONSENT FOR PREGNANCY EVALUATION**

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

Before you have a pregnancy evaluation (õpregnancy testö), be sure you understand both the benefits and the possible problems. If you have any questions as you read, we will be happy to talk about them with you. This service is confidential.

The accuracy of a pregnancy test result is not guaranteed. Other examinations and tests, such as pelvic exam and ultrasound, may be needed as well.

If a pregnancy test is positive, a physical examination will be necessary to help determine the length of time you have been pregnant. You should have a pelvic examination as soon as possible, whether you are considering abortion or continuing the pregnancy and starting prenatal care. If problems arise, such as bleeding or abdominal pain, you should see a health care provider immediately.

If the pregnancy test is negative, it may be too soon to determine if you are actually pregnant. You may need to repeat the test to be sure the results are as accurate as possible. You will be asked to give us some medical information about your history. If necessary, you will be referred to another health care provider for further evaluation.

I hereby request the Dewitt-Piatt Bi-County Health Department test my urine for pregnancy. I understand this test is only a screen.

I hereby release the Dewitt-Piatt Bi-County Health Department and its employees from any and all liability arising out of or connected with the pregnancy test, particularly with regard to any errors in diagnosis based on this test.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I witness the fact that the client received the above mentioned information and said she read and understood the same.

Witness Signature & Title \_\_\_\_\_ Date \_\_\_\_\_