# Rh Immune Globulin: Documentation of Informed Choice Discussion

Client Name:

Health Card Number:

D.O.B. (DD/MM/YYYY):

Date (DD/MM/YYYY): Time:

1. I have been informed by or his/her designate, that I may need Rh Immune Globulin (RhIG) during my pregnancy or after delivery of my baby.
2. The benefits and risks of RhIG have been explained to me.
3. The alternatives to RhIG have been explained to me.
4. The consequences of not receiving RhIG have been explained to me.
5. I have had the opportunity to ask questions about my care. All of my questions have been answered to my satisfaction.

[ ] I choose to use Rh Immune Globulin as part of my care.

[ ] I choose **not** to use Rh Immune Globulin as part of my care.

Signature of client

Signature of midwife Name of midwife (printed)

Date (DD/MM/YYYY) and Time