REPORT OF INDUCED TERMINATION OF PREGNANCY
PERFORMED IN LOUISIANA

PORTANT:
pe or print in
rmanent black ink.

NOTE: Failure to complete and file this form is a crime (see LSA-R.S. 40:66 and 40:1299.35.10) and is punishable by fine and/or imprisonment.

Certificate No. _____

FACILITY

1a. FACILITY NAME (If not hospital or clinic, give address): Delta Clinic

1b. CITY, TOWN OR LOCATION OF PREGNANCY TERMINATION: Baton Rouge, LA

1c. DATE OF PREGNANCY TERMINATION:

PATIENT INFORMATION

2a. PATIENT IDENTIFICATION NUMBER:

2b. AGE OF PATIENT:

2c. MARRIED? (Check): Yes ☐ No ☐ Unk. ☐

3. PARISH OF RESIDENCE (USE N/A IF FROM OUT OF STATE):

4a. MEDICAL CONDITION AT TIME OF ABORTION: Good

4b. Rh TYPE:

4c. TYPE OF CONTRACEPTIVE AT TIME OF PREGNANCY:

4d. DATE OF LAST LIVE BIRTH (Month, Day, Year):

4e. DATE OF LAST PREVIOUS TERMINATION (Month, Day, Year):

5. RACE (Check):
- ☐ White
- ☐ Black
- ☐ American Indian
- ☐ Other (Specify) _____

6. EDUCATION (Specify only highest grade completed):
- Elementary or Secondary (0-12):
- College (12-16 or 17+):

PREVIOUS PREGNANCIES (Complete each section)

LIVE BIRTHS		OTHER TERMINATIONS	
7a. Now Living	7b. Now Dead	7c. Spontaneous	7d. Induced
Number _____	Number _____	Number _____	Number _____
None ☐	None ☐	None ☐	None ☐

INFORMATION ON FATHER (of Fetus)

8a. FATHER'S AGE: unk

8b. RESIDENCE - STATE: unk

8c. PARISH OF RESIDENCE: unk

8d. FATHER MARRIED? Yes ☐ No ☐ Unk. ☐

TERMINATION PROCEDURE, COMPLICATIONS, REASON FOR TERMINATION, POST ABORTION PROCEDURE

9a. PROCEDURE THAT TERMINATED PREGNANCY (Check only one)

9b. TYPE OF TERMINATION PROCEDURE / 9b. ADDITIONAL PROCEDURES USED FOR THIS TERMINATION, IF ANY (Check all that apply)

	9a.	9b.	
1	☐	Suction Curettage	☐ 1
2	☐	Sharp Curettage	☐ 2
3	☐	Intra-Uterine Saline Instillation	☐ 3
4	☐	Intra-Uterine Prostaglandin Instillation	☐ 4
5	☐	Hysterotomy	☐ 5
6	☐	Hysterectomy	☐ 6
7	☐	Dilation and Evacuation	☐ 7
8	X	Other (Specify) _____	☐ 8

9c. COMPLICATION OF PREGNANCY TERMINATION (Check all that apply)
- 1 X None
- 2 ☐ Hemorrhage
- 3 ☐ Infection
- 4 ☐ Uterine Perforation
- 5 ☐ Cervical Laceration
- 6 ☐ Retained Products
- 7 ☐ Other (Specify) _____

9d. REASON FOR PREGNANCY TERMINATION (Check only one)
- 1 ☐ Mental Health of Mother
- 2 ☐ Physical Health of Mother
- 3 ☐ Risk of Fetal Deformity
- 4 ☐ Rape or Incest
- 5 ☐ Other (Specify) _____
- 6 X Unknown

9e. TYPE OF PROCEDURE DONE AFTER ABORTION (Check only one)
- 1 ☐ Tubal Ligation
- 2 ☐ Hysterectomy
- 3 ☐ Other (Specify) _____
- 4 X None

FETAL INFORMATION

10a. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year):

10b. PHYSICIAN'S ESTIMATE OF GESTATION: Weeks

10c. FETAL LENGTH: unk CM

10d. FETAL WEIGHT: unk Grams

10e. OTHER SIGNIFICANT CONDITIONS OF FETUS: unk

10f. TYPE OF POST ABORTION PROCEDURE: none

10g. RESULT OF PATHOLOGICAL EXAMINATION: n/a

PHYSICIAN

11a. TYPE OF FAMILY PLANNING RECOMMENDED TO PATIENT: unk

11b. TYPE OF ADDITIONAL COUNSELING GIVEN TO PATIENT: unk

11c. SIGNATURE/ADDRESS OF PHYSICIAN:

11d. PHYSICIAN'S LICENSE NO.: 10274

IMPORTANT: This report and accompanying certificates and consent forms required by LSA-R.S. 40:1299.35.10(25) must be submitted to the Vital Records Registry within 15 days of the abortion. Please staple/attach documents to the back of this form.

REPORT OF INDUCED TERMINATION OF PREGNANCY
PERFORMED IN LOUISIANA

ANT:
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nt black ink.

Certificate No.

NOTE: Failure to complete and file this form is a crime (see LSA-R.S. 40:86 and 40:1299.35.10) and is punishable by fine and/or imprisonment.

FACILITY

1a. FACILITY NAME (If not hospital or clinic, give address): Delta Clinic of Baton Rouge

1b. CITY, TOWN OR LOCATION OF PREGNANCY TERMINATION: Baton Rouge, Louisiana

1c. DATE OF PREGNANCY TERMINATION:

PATIENT ORMATION

2a. PATIENT IDENTIFICATION NUMBER:

2b. AGE OF PATIENT:

2c. MARRIED? (Check): Yes ☐ No ☐ Unk. ☐

3. PARISH OF RESIDENCE (USE N/A IF FROM OUT OF STATE):

4a. MEDICAL CONDITION AT TIME OF ABORTION: Good

4b. Rh TYPE:

4c. TYPE OF CONTRACEPTIVE AT TIME OF PREGNANCY:

4d. DATE OF LAST LIVE BIRTH (Month, Day, Year):

4e. DATE OF LAST PREVIOUS TERMINATION (Month, Day, Year):

5. RACE (Check): ☐ White ☐ Black ☐ American Indian ☐ Other (Specify) _____

6. EDUCATION (Specify only highest grade completed): Elementary or Secondary (0-12) / College (12-16 or 17+)

PREVIOUS PREGNANCIES (Complete each section)

LIVE BIRTHS		OTHER TERMINATIONS	
7a. Now Living	7b. Now Dead	7c. Spontaneous	7d. Induced
Number _____	Number _____	Number _____	Number _____
None ☐	None ☐	None ☐	None ☐

RMATION ON IER (of Fetus)

8a. FATHER'S AGE: unk

8b. RESIDENCE - STATE: unk

8c. PARISH OF RESIDENCE: unk

8d. FATHER MARRIED? Yes ☐ No ☐ Unk. ☐

RMINATION OCEDURE, PLICATIONS, ASON FOR RMINATION, T ABORTION ROCEDURE

9a. PROCEDURE THAT TERMINATED PREGNANCY (Check only one)

9b. TYPE OF TERMINATION PROCEDURE

9b. ADDITIONAL PROCEDURES USED FOR THIS TERMINATION, IF ANY (Check all that apply)

	9a.	9b.	9b.
1	X	Suction Curettage	☐
2	☐	Sharp Curettage	☐
3	☐	Intra-Uterine Saline Instillation	☐
4	☐	Intra-Uterine Prostaglandin Instillation	☐
5	☐	Hysterotomy	☐
6	☐	Hysterectomy	☐
7	☐	Dilation and Evacuation	☐
8	☐	Other (Specify) _____	☐

9c. COMPLICATION OF PREGNANCY TERMINATION (Check all that apply)

1	X	None
2	☐	Hemorrhage
3	☐	Infection
4	☐	Uterine Perforation
5	☐	Cervical Laceration
6	☐	Retained Products
7	☐	Other (Specify) _____

9d. REASON FOR PREGNANCY TERMINATION (Check only one)

1	☐	Mental Health of Mother
2	☐	Physical Health of Mother
3	☐	Risk of Fetal Deformity
4	☐	Rape or Incest
5	☐	Other (Specify) _____
6	X	Unknown

9e. TYPE OF PROCEDURE DONE AFTER ABORTION (Check only one)

1	☐	Tubal Ligation
2	☐	Hysterectomy
3	☐	Other (Specify) _____
4	X	None

FETAL ORMATION

10a. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year):

10b. PHYSICIAN'S ESTIMATE OF GESTATION: Weeks

10c. FETAL LENGTH: unk CM

10d. FETAL WEIGHT: unk Grams

10e. OTHER SIGNIFICANT CONDITIONS OF FETUS: unk

10f. TYPE OF POST ABORTION PROCEDURE: none

10g. RESULT OF PATHOLOGICAL EXAMINATION: n/a

HYSICIAN

11a. TYPE OF FAMILY PLANNING RECOMMENDED TO PATIENT: unk

11b. TYPE OF ADDITIONAL COUNSELING GIVEN TO PATIENT: unk

11c. SIGNATURE/ADDRESS OF PHYSICIAN:

11d. PHYSICIAN'S LICENSE NO.: 025031

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