

Complications of Induced Abortion Report

1. Name and specialty field of medical practice of the physician filing the report:

2. Did the physician filing the report perform or induce the abortion?

3. Name, address, and telephone number of the health care facility where the induced abortion complication was discovered or treated:

4. Date on which the complication was discovered: _____
5. Date on which, and location of the facility where, the abortion was performed, if known:

6. Age of the patient experiencing the complication: _____
7. Describe the complication(s) resulting from the induced abortion:

8. Circle all that apply:
 - a. Death
 - b. Cervical laceration requiring suture or repair
 - c. Heavy bleeding/hemorrhage with estimated blood loss of greater than or equal to 500cc
 - d. Uterine Perforation
 - e. Infection
 - f. Failed termination of pregnancy (continued viable pregnancy)
 - g. Incomplete termination of pregnancy (Retained parts of fetus requiring re-evacuation)
 - h. Other (May include psychological complications, future reproductive complications, or other illnesses or injuries that in the physician's medical judgment occurred as a result of an induced abortion. Specify diagnosis.): _____
9. Type of follow-up care, if any, recommended: _____
10. Will the physician filing the Complications of Induced Abortion Report be providing such follow-up care (if not, the name of the medical professional who will, if known)?

11. Name and license number of physician filing the Complications of Induced Abortion Report:
