

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