

## Individual Abortion Form

(TO BE COMPLETED FOR EACH ABORTION PERFORMED)

1. Date of abortion: \_\_\_\_\_
2. County in which the abortion was performed: \_\_\_\_\_
3. Age of mother: \_\_\_\_\_
4. Marital status of mother: \_\_\_\_\_  
(specify married, divorced, separated, widowed, or never married)
5. Race of mother: \_\_\_\_\_
6. Years of education of mother: \_\_\_\_\_  
(specify highest year completed)
7. State or foreign country of residence of mother: \_\_\_\_\_
8. Total number of previous pregnancies of the mother: \_\_\_\_\_  
Live Births: \_\_\_\_\_  
Miscarriages: \_\_\_\_\_  
Induced Abortions: \_\_\_\_\_
9. Approximate gestational age in weeks, as measured from the last menstrual period of the mother, of the unborn child subject to abortion: \_\_\_\_\_
10. Method of abortion used:  
Suction Aspiration: \_\_\_\_\_  
Dilation and Curettage: \_\_\_\_\_  
RU 486: \_\_\_\_\_  
Methotrexate: \_\_\_\_\_  
Other drug/chemical/medicine (specify): \_\_\_\_\_  
Dilation and Evacuation: \_\_\_\_\_  
Saline: \_\_\_\_\_  
Urea: \_\_\_\_\_  
Prostaglandins: \_\_\_\_\_  
Partial Birth Abortion: \_\_\_\_\_  
Hysterotomy: \_\_\_\_\_  
Other (specify): \_\_\_\_\_
11. Was there an infant born alive as a result of the abortion? \_\_\_\_\_  
If yes:  
Were life-sustaining measures undertaken? \_\_\_\_\_  
How long did the infant survive? \_\_\_\_\_
12. Was anesthesia administered to mother? \_\_\_\_\_  
If yes, what type? \_\_\_\_\_
13. Was anesthesia administered to the fetus? \_\_\_\_\_  
If yes:  
What type? \_\_\_\_\_  
How was it administered? \_\_\_\_\_
14. Method of fetal tissue disposal: \_\_\_\_\_

*This document is being provided as a sample of the information that will be collected  
via the online limited access entry form.*

15. Unless a medical emergency, as defined in Section 1-738.1 of Title 63 of the Oklahoma Statutes, exists, the abortion provider or agent shall ask the pregnant female to provide, orally or in writing, the reason(s) she is seeking the abortion. If such a medical emergency exists, the abortion provider or agent shall specify on the form the condition which necessitated the immediate abortion: \_\_\_\_\_

REASON GIVEN FOR ABORTION (check all applicable):

Having a baby:

Would dramatically change the life of the mother: \_\_\_\_\_

Would interfere with the education of the mother: \_\_\_\_\_

Would interfere with the job/employment/career of the mother: \_\_\_\_\_

Mother has other children or dependents: \_\_\_\_\_

Mother cannot afford the child: \_\_\_\_\_

Mother is unmarried: \_\_\_\_\_

Mother is a student or planning to be a student: \_\_\_\_\_

Mother cannot afford child care: \_\_\_\_\_

Mother cannot afford the basic needs of life: \_\_\_\_\_

Mother is unemployed: \_\_\_\_\_

Mother cannot leave job to care for a baby: \_\_\_\_\_

Mother would have to find a new place to live: \_\_\_\_\_

Mother does not have enough support from a husband or partner: \_\_\_\_\_

Husband or partner is unemployed: \_\_\_\_\_

Mother is currently or temporarily on welfare or public assistance: \_\_\_\_\_

Mother does not want to be a single mother: \_\_\_\_\_

Mother is having relationship problems: \_\_\_\_\_

Mother is not certain of relationship with the father of the child: \_\_\_\_\_

Partner and mother are unable to or do not want to get married: \_\_\_\_\_

Mother is not currently in a relationship: \_\_\_\_\_

The relationship or marriage of the mother may soon break up: \_\_\_\_\_

Husband or partner is abusive to the mother or her children: \_\_\_\_\_

Mother has completed her childbearing: \_\_\_\_\_

Mother is not ready for a, or another, child: \_\_\_\_\_

Mother does not want people to know that she had sex or became pregnant: \_\_\_\_\_

Mother does not feel mature enough to raise a, or another, child: \_\_\_\_\_

Husband or partner wants mother to have an abortion: \_\_\_\_\_

There may be possible problem affecting the health of the fetus: \_\_\_\_\_

Physical health of the mother is at risk: \_\_\_\_\_

Parents want mother to have an abortion: \_\_\_\_\_

Emotional health of the mother is at risk: \_\_\_\_\_

Mother suffered from a medical emergency as defined in Section 1-738.1 of Title 63 of the Oklahoma Statutes: \_\_\_\_\_

Mother wanted a child of a different sex: \_\_\_\_\_

Abortion is necessary to avert the death of the mother: \_\_\_\_\_

Pregnancy was a result of forcible rape: \_\_\_\_\_

Pregnancy was a result of incest: \_\_\_\_\_

Other (specify): \_\_\_\_\_

Patient was asked why she is seeking an abortion, but she declined to give a reason: \_\_\_\_\_

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16. Method of payment (check one):  
Private insurance: \_\_\_\_\_  
Public health plan: \_\_\_\_\_  
Medicaid: \_\_\_\_\_  
Private pay: \_\_\_\_\_  
Other (specify): \_\_\_\_\_
17. Type of private medical health insurance coverage, if any (check one):  
Fee-for-service insurance company: \_\_\_\_\_  
Managed care company: \_\_\_\_\_  
Other (specify): \_\_\_\_\_
18. Sum of fee(s) collected: \_\_\_\_\_
19. Time of fee collection (check one):  
Full fee for abortion collected prior to or at the time the patient was provided the information required under subsection A of Section 1-738.2 of Title 63 of the Oklahoma Statutes: \_\_\_\_\_  
Partial fee for abortion collected prior to or at the time the patient was provided the information required under subsection A of Section 1-738.2 of Title 63 of the Oklahoma Statutes: \_\_\_\_\_  
Full fee for abortion collected at time the abortion was performed: \_\_\_\_\_  
Other (specify): \_\_\_\_\_
20. Specialty area of medicine of the physician: \_\_\_\_\_
21. Was ultrasound equipment used before, during, or after the performance of this abortion?  
Before? \_\_\_\_\_ Vaginal, abdominal, or both? \_\_\_\_\_  
During? \_\_\_\_\_ Vaginal, abdominal, or both? \_\_\_\_\_  
After? \_\_\_\_\_ Vaginal, abdominal, or both? \_\_\_\_\_
22. If ultrasound equipment was used, was the ultrasound performed by:  
The physician performing the abortion: \_\_\_\_\_  
A physician other than the physician performing the abortion: \_\_\_\_\_  
Other (specify): \_\_\_\_\_
23. Was the information required by paragraph 1 of subsection B of Section 1-738.2 of Title 63 of the Oklahoma Statutes provided to the mother? \_\_\_\_\_
- a. If yes, was it provided:  
In person: \_\_\_\_\_  
By telephone: \_\_\_\_\_
- b. Was it provided by:  
A referring physician: \_\_\_\_\_  
The physician performing the abortion: \_\_\_\_\_  
An agent of a referring physician: \_\_\_\_\_  
An agent of the physician performing the abortion: \_\_\_\_\_

24. Was the information required by paragraph 2 of subsection B of Section 1-738.2 of Title 63 of the Oklahoma Statutes provided to the mother? \_\_\_\_\_
- a. If yes, was it provided:
- In person: \_\_\_\_\_
- By telephone: \_\_\_\_\_
- b. Was it provided by:
- A referring physician: \_\_\_\_\_
- An agent of a referring physician: \_\_\_\_\_
- The physician performing the abortion: \_\_\_\_\_
- An agent of the physician performing the abortion: \_\_\_\_\_
25. Did the mother avail herself of the opportunity to have the printed materials described in Section 1738.3 of Title 63 of the Oklahoma Statutes mailed to her? \_\_\_\_\_
26. Were the informed consent requirements of subsection B of Section 1-738.2 of Title 63 of the Oklahoma Statutes dispensed with because of a medical emergency necessitating an immediate abortion:
- To avert death: \_\_\_\_\_
- To avert substantial and irreversible impairment of a major bodily function arising from continued pregnancy: \_\_\_\_\_
27. Was the probable gestational age of the unborn child twenty (20) weeks or more? \_\_\_\_\_
- a. If yes, was the mother provided the information described in subsection A of Section 1-738.8 of Title 63 of the Oklahoma Statutes? \_\_\_\_\_
- (1) If yes, was the information provided:
- In person: \_\_\_\_\_
- By telephone: \_\_\_\_\_
- (2) If yes, was the information provided by:
- A referring physician: \_\_\_\_\_
- An agent of a referring physician: \_\_\_\_\_
- The physician performing the abortion: \_\_\_\_\_
- An agent of the physician performing the abortion: \_\_\_\_\_
- b. Did the mother choose to be given or mailed the materials described in Section 1-738.10 of Title 63 of the Oklahoma Statutes? \_\_\_\_\_
- c. To the best of the information and belief of the reporting physician, did the mother go on to obtain the abortion? \_\_\_\_\_
28. Was the abortion performed within the scope of employment of an Oklahoma state employee or an employee of an agency or political subdivision of the state? \_\_\_\_\_
29. Was the abortion performed with the use of any public institution, public facility, public equipment, or other physical asset owned, leased, or controlled by this state, its agencies, or political subdivisions?  
\_\_\_\_\_

30. If the answer to question 28 or 29 is yes:
- a. Was the abortion necessary to save the life of the mother? \_\_\_\_\_  
If yes, what was the life-endangering condition? \_\_\_\_\_
  - b. Did the pregnancy result from an act of forcible rape? \_\_\_\_\_  
If yes, list the law enforcement authority to which the rape was reported:  
\_\_\_\_\_  
List the date of the report: \_\_\_\_\_
  - c. Did the pregnancy result from an act of incest committed against a minor? \_\_\_\_\_  
If yes, list the law enforcement authority to which the perpetrator was reported:  
\_\_\_\_\_  
List the date of the report: \_\_\_\_\_
- 

**THIS PORTION TO BE COMPLETED IN CASE OF MINOR**

31. Minor's age at the time the abortion was performed: \_\_\_\_\_  
City in which the abortion was performed \_\_\_\_\_ (added to comply with **§ 1-740.4a**)
32. Was a parent of the minor provided notice prior to the abortion as described in Section 1740.2 of Title 63 of the Oklahoma Statutes? \_\_\_\_\_
- a. If yes, how was the notice provided?  
In person: \_\_\_\_\_  
By mail: \_\_\_\_\_
  - b. If yes, to the best of the reporting physician's knowledge and belief, did the minor go on to obtain the abortion? \_\_\_\_\_
33. Was informed written consent of one parent obtained as described in Section 1-740.2 of Title 63 of the Oklahoma Statutes? \_\_\_\_\_  
If yes, how was it secured?  
In person: \_\_\_\_\_  
Other (specify): \_\_\_\_\_
34. If no notice was provided nor consent obtained, indicate which of the following apply:  
Minor was emancipated: \_\_\_\_\_  
Abortion was necessary to prevent the death of the minor: \_\_\_\_\_  
Medical emergency, as defined in Section 1-738.1 of Title 63 of the Oklahoma Statutes, existed:  
\_\_\_\_\_  
Minor received judicial authorization to obtain abortion without parental notice or consent:  
\_\_\_\_\_
35. If no notice was provided nor consent obtained because a medical emergency existed, indicate:  
Whether parent was subsequently notified (state period of time elapsed before notice was given): \_\_\_\_\_  
Whether judicial waiver of notice requirement was obtained: \_\_\_\_\_

36. If the minor received judicial authorization to obtain an abortion without parental notice or consent, indicate which of the following applies:

Judge ruled that minor was mature enough to give informed consent on her own: \_\_\_\_\_

Judge ruled that abortion was in the best interest of the minor: \_\_\_\_\_

37. If the female was a minor at the time of conception, indicate the age of the father of the unborn child at the time of conception: \_\_\_\_\_

38. If at the time of conception the ages of the mother and father were such that a violation of Section 1111, 1112, 1114 or 1123 of Title 21 or Section 7115 of Title 10 of the Oklahoma Statutes occurred, was the rape or abuse reported to the proper authorities? \_\_\_\_\_

Filed this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by:

\_\_\_\_\_  
(Name of physician)

\_\_\_\_\_  
(Physician's license number)