

# Oklahoma Individual Abortion Reporting Form (Revised for Nov. 1, 2013)

Question Number	Question	Value
	Submission Number	System generated
	Submission Date	System date
1	Date of abortion:	Date
2	County in which abortion was performed:	County Name from OK county list
3	Age of mother:	Age
4	Marital status of mother:	Married Divorced Separated Widowed Never Married
5	Race of mother: (Select one)	White Black or African American American Indian or Alaska Native Asian Indian Chinese Philipino Japanese Korean Vietnamese Other Asian Native Hawaiian Guamanian or Chamorro Samoan Pacific Islander Other Pacific Islander Other Race
6	Years of education of mother (specify highest year completed):	Number of years
7.1	Country of residence of mother:	Country name
7.1.1	State of residence of mother:	State Name
8	Total number of previous pregnancies of the mother:	#
8.1	Number of previous pregnancies of the mother resulting in live births:	#
8.2	Number of previous pregnancies of the mother resulting in miscarriages:	#
8.3	Number of previous pregnancies of the mother resulting in 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:	Gestational age in weeks

		Suction Aspiration Dilation and Curettage RU 486 Methotrexate Other drug/chemical/medicine (specify in 10.1) Dilation and Evacuation Saline Urea Prostaglandins Partial Birth Abortion Hysterotomy Other (specify in 10.2)
10	Method of abortion used:	
10.1	Other drug/chemical/medicine method of abortion used, not specified above:	Open Text
10.2	Other method of abortion used, not specified above:	Open Text
11	Was there an infant born alive as a result of the abortion?	Yes / No / NA
11.1	If yes, were life-sustaining measures undertaken?	Yes / No / NA
11.2	If yes, how long did the infant survive?	Open Text
12	Was anesthesia administered to mother?	Yes / No / NA
12.1	If yes, what type?	Open Text
13	Was anesthesia administered to the fetus?	Yes / No / NA
13.1	If yes, what type?	Open Text
13.2	If yes to question 13 above, how was it administered?	Open Text
14	Method of fetal tissue disposal:	Open Text
15	Unless a medical emergency, as defined in Section 1-738.1A, or as applicable, Section 1-745.2 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):	
15.01	Having a baby would dramatically change the life of the mother:	Blank or Checked
15.02	Having a baby would interfere with the education of the mother:	Blank or Checked
15.03	Having a baby would interfere with the job/employment/career of the mother:	Blank or Checked
15.04	Mother has other children or dependents:	Blank or Checked
15.05	Mother cannot afford the child:	Blank or Checked
15.06	Mother is unmarried:	Blank or Checked
15.07	Mother is a student or planning to be a student:	Blank or Checked
15.08	Mother cannot afford child care:	Blank or Checked
15.09	Mother cannot afford the basic needs of life:	Blank or Checked
15.1	Mother is unemployed:	Blank or Checked
15.11	Mother cannot leave job to care for a baby:	Blank or Checked
15.12	Mother would have to find a new place to live:	Blank or Checked
15.13	Mother does not have enough support from a husband or partner:	Blank or Checked
15.14	Husband or partner is unemployed:	Blank or Checked

15.15	Mother is currently or temporarily on welfare or public assistance:	Blank or Checked
15.16	Mother does not want to be a single mother:	Blank or Checked
15.17	Mother is having relationship problems:	Blank or Checked
15.18	Mother is not certain of relationship with the father of the child:	Blank or Checked
15.19	Partner and mother are unable to or do not want to get married:	Blank or Checked
15.2	Mother is not currently in a relationship:	Blank or Checked
15.21	The relationship or marriage of the mother may soon break up:	Blank or Checked
15.22	Husband or partner is abusive to the mother or her children:	Blank or Checked
15.23	Mother has completed her childbearing:	Blank or Checked
15.24	Mother is not ready for a, or another, child:	Blank or Checked
15.25	Mother does not want people to know that she had sex or became pregnant:	Blank or Checked
15.26	Mother does not feel mature enough to raise a, or another, child:	Blank or Checked
15.27	Husband or partner wants mother to have an abortion:	Blank or Checked
15.28	There may be possible problem affecting the health of the fetus:	Blank or Checked
15.29	Physical health of the mother is at risk:	Blank or Checked
15.3	Parents want mother to have an abortion:	Blank or Checked
15.31	Emotional health of the mother is at risk:	Blank or Checked
15.32	Mother suffered from a medical emergency as defined in Section 1-738.1A of Title 63 of the Oklahoma Statutes:	Blank or Checked
15.33	Mother suffered from a medical emergency as defined in Section 1-745.2 of Title 63 of the Oklahoma Statutes:	Blank or Checked
15.34	Mother wanted a child of a different sex:	Blank or Checked
15.35	Abortion is necessary to avert the death of the mother:	Blank or Checked
15.36	Pregnancy was a result of forcible rape:	Blank or Checked
15.37	Pregnancy was a result of incest:	Blank or Checked
15.38	Other:	Blank or Checked
15.38.1	Other Specify:	Open Text
15.39	Patient was asked why she is seeking an abortion, but she declined to give a reason:	Blank or Checked
16	Method of payment (check one):	Private Insurance Public health plan Medicaid Private pay Other (specify 16.1)
16.1	Other method of payment:	Open Text
17	Type of private medical health insurance coverage, if any (check one):	Fee-for-service insurance company Managed care company Other (specify 17.1)
17.1	Other type of private medical health insurance coverage:	Open Text
18	Sum of fee(s) collected:	Open Text

19	Time of fee collection (check one):	<ul style="list-style-type: none"> <li>- Full fee for abortion collected prior to or at the time the patient was provided the information required under subsection B of Section 1-738.2 of Title 63 of the Oklahoma Statutes:</li> <li>- Partial fee for abortion collected prior to or at the time the patient was provided the information required under subsection B of Section 1-738.2 of Title 63 of the Oklahoma Statutes:</li> <li>- Full fee for abortion collected at time the abortion was performed: Other (specify 19.1):</li> </ul>
19.1	Specify other:	Open Text
20	Specialty area of medicine of the physician:	Open Text
20.1	At which hospital(s) did the physician have hospital privileges at the time of the abortion?	Open Text
21	Was ultrasound equipment used before, during, or after the performance of this abortion?	Open Text
21.1.1	Before?	Yes / No / NA
21.1.2	Vaginal, abdominal, or both?	Vaginal Abdominal Both Vaginal and Abdominal
21.1.3	How long prior to the abortion was the ultrasound performed?	Open Text
21.1.4	Was the mother under the effect of anesthesia at the time of the ultrasound?	Yes / No / NA
21.2.1	During?	Yes / No / NA
21.2.2	Vaginal, abdominal, or both?	Vaginal Abdominal Both Vaginal and Abdominal
21.3.1	After?	Yes / No / NA
21.3.2	Vaginal, abdominal, or both?	Vaginal Abdominal Both Vaginal and Abdominal
21.4	If an ultrasound was performed, what was the gestational age of the fetus at the time of the abortion, as determined by the ultrasound?	Gestational age in weeks
21.5	<b>Attach to this form a copy or screenshot of the ultrasound, intact with the date on which the ultrasound was performed, and with the name of the mother redacted; provided, however, such ultrasound shall not be subject to an open records request and shall be subject to HIPAA regulations governing confidentiality and release of private medical records.</b>	<b>Image file</b>
21A	If an ultrasound was not performed prior to the abortion, was the reason for not performing an ultrasound a medical emergency necessitating an immediate abortion:	
21A.1	To avert death:	Yes / No / NA
21A.2	To avert substantial and irreversible impairment of a major bodily function arising from continued pregnancy:	Yes / No / NA
21A.3	Other reason:	Yes / No / NA

21A.3.1	Specify:	Open Text
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):
22.1	Specify:	Open Text
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?	Yes / No / NA
23a	If yes, was it provided:	
23a.1	In person:	Yes / No / NA
23a.2	By telephone:	Yes / No / NA
23b	Was it provided by:	
23b.1	A referring physician:	Yes / No / NA
23b.2	The physician performing the abortion:	Yes / No / NA
23b.3	An agent of a referring physician:	Yes / No / NA
23b.4	An agent of the physician performing the abortion:	Yes / No / NA
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?	Yes / No / NA
24a	If yes, was it provided:	
24a.1	In person:	Yes / No / NA
24a.2	By telephone:	Yes / No / NA
24b	Was it provided by:	
24b.1	A referring physician:	Yes / No / NA
24b.2	An agent of a referring physician:	Yes / No / NA
24b.3	The physician performing the abortion:	Yes / No / NA
24b.4	An agent of the physician performing the abortion:	Yes / No / NA
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?	Yes / No / NA
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:	
26.1	To avert death:	Yes / No / NA
26.2	To avert substantial and irreversible impairment of a major bodily function arising from continued pregnancy:	Yes / No / NA
27	Was a determination of probable postfertilization age made as required by Section 1-745.5 of Title 63 of the Oklahoma Statutes?	Yes / No / NA
27a	If no, was the determination of probable postfertilization age dispensed with:	
27a.1	To avert death:	Yes / No / NA
27a.2	To avert substantial and irreversible impairment of a major bodily function arising from continued pregnancy:	Yes / No / NA
27b.1	If yes, what was the probable postfertilization age?	Gestational age in weeks
27b.2	What was the method and basis of the determination?	Open Text
27b.3	What was the basis for the determination to perform the abortion:	

27b.4	To avert death:	Yes / No / NA
27b.5	To avert substantial and irreversible impairment of a major bodily function arising from continued pregnancy:	Yes / No / NA
27b.6	Was the method of abortion used one that, in reasonable medical judgment, provided the best opportunity for the unborn child to survive?	Yes / No / NA
27b.6.1	If yes, was there an infant born alive as a result of the abortion?	Yes / No / NA
27b.6.2	If no, what was the basis of the determination?	Open Text
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?	Yes / No / NA
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?	Yes / No / NA
	If the answer to question 28 or 29 is yes:	
30a	Was the abortion necessary to save the life of the mother?	Yes / No / NA
30a.1	If yes, what was the life-endangering condition?	Open Text
30b	Did the pregnancy result from an act of forcible rape?	Yes / No / NA
30b.1	If yes, list the law enforcement authority to which the rape was reported:	Open Text
30b.1.1	List the date of the report:	Date
30c	Did the pregnancy result from an act of incest committed against a minor?	Yes / No / NA
30c.1	If yes, list the law enforcement authority to which the perpetrator was reported:	Open Text
30c.1.1	List the date of the report:	Date
<b>THIS PORTION TO BE COMPLETED IN CASE OF MINOR</b>		
31	Minor's age at the time the abortion was performed:	Age
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?	Yes / No / NA
	If yes, how was the notice provided?	
32a.1	In person:	Yes / No / NA
32a.2	By mail:	Yes / No / NA
32b	If yes, to the best of the reporting physician's knowledge and belief, did the minor go on to obtain the abortion?	Yes / No / NA
33	Was informed written consent of one parent obtained as described in Section 1-740.2 of Title 63 of the Oklahoma Statutes?	Yes / No / NA
	If yes, how was it secured?	
33.1	In person:	Yes / No / NA
33.2	Other (specify):	Open Text
34	If no notice was provided nor consent obtained, indicate which of the following apply:	
34.1	Minor was emancipated:	Yes / No / NA
34.2	Abortion was necessary to prevent the death of the minor:	Yes / No / NA
34.3	Medical emergency, as defined in Section 1-738.1A of Title 63 of the Oklahoma Statutes, existed:	Yes / No / NA

34.4	Minor received judicial authorization to obtain abortion without parental notice or consent:	Yes / No / NA
35	If no notice was provided nor consent obtained because a medical emergency existed, indicate:	
35.1	Whether parent was subsequently notified (state period of time elapsed before notice was given):	Yes / No / NA
35.2	Whether judicial waiver of notice requirement was obtained:	Yes / No / NA
36	If the minor received judicial authorization to obtain an abortion without parental notice or consent, indicate which of the following applies:	
36.1	Judge ruled that minor was mature enough to give informed consent on her own:	Yes / No / NA
36.2	Judge ruled that abortion was in the best interest of the minor:	Yes / No / NA
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:	Age (#)
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 843.5 of Title 21 of the Oklahoma Statutes occurred, was the rape or abuse reported to the proper authorities?	Yes / No / NA
39	Were the remains of the fetus after the abortion examined to ensure that all such remains were evacuated from the mother's body?	Open Text
39.1	If the remains of the fetus were examined after the abortion, what was the sex of the child, as determined from such examination?	Open Text
39.1.1	Was the sex of the child determined prior to the abortion?	Yes / No / NA
39.1.1.1	If so, by whom?	Open Text
39.1.1.2	If so, by what method?	Open Text
39.1.1.3	If the sex of the child was determined prior to the abortion, was the mother given information of the child's sex prior to the abortion?	Yes / No / NA
40	If the abortion was performed without surgery but rather as the result of the administration of chemicals, was the physician present in the same room as the woman to whom the chemicals were administered at the time any such chemicals were first administered?	Yes / No / NA
41	Prior to the pregnant woman giving informed consent to having any part of the abortion performed or induced, if the pregnancy was at least eight (8) weeks after fertilization, was the pregnant woman told that it may be possible to make the embryonic or fetal heartbeat of the unborn child audible for the pregnant woman to hear?	Yes / No / NA
41.1	Was the pregnant woman asked if she would like to hear the heartbeat?	Yes / No / NA
41.2	Was the embryonic or fetal heartbeat of the unborn child made audible for the pregnant woman to hear, using a Doppler fetal heart rate monitor?	Yes / No / NA
41.3	If the response to any of the questions in this paragraph was anything other than an unqualified YES, how was the abortion performed in compliance with Sections 1-745.12 through 1-745.19 of Title 63 of the Oklahoma Statutes?	Open Text

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

Date

43 \_\_\_\_\_

(Name of physician)

44 \_\_\_\_\_

(Physician's license number)

NOTICE: In accordance with subsection F of Section 1-738m of Title 63 of the Oklahoma Statutes, public reports based on this form will not contain the name, address, hometown, county of residence, or any other identifying information of any individual female. The State Department of Health shall take care to ensure that none of the information included in its public reports could reasonably lead to the identification of any individual female about whom information is reported or of any physician providing information in accordance with the Statistical Abortion Reporting Act. Such information is not subject to the Oklahoma Open Records Act.

Be advised that any complication(s) shall be detailed in a "Complications of Induced Abortion Report" and submitted to the Department as soon as is practicable after the encounter with the induced-abortion-related illness or injury, but in no case more than sixty (60) days after such an encounter.

SAMPLE