**Section 505.APPENDIX B Induced Termination of Pregnancy Report**

**INDUCED TERMINATION OF PREGNANCY REPORT**

COMPLETE THIS FORM AND MAIL IT TO:

Illinois Department of Public Health, Division of Vital Records

925 E. Ridgely Ave., Springfield IL 62702-2737

(All information submitted shall be confidential pursuant to the Pregnancy Termination Report Code (77 Ill. Adm. Code 505))

1. FACILITY NAME (If not ambulatory surgical treatment centers, hospitals, and other facilities, give address)

2. COUNTY OF PREGNANCY TERMINATION (See County Code table)

3. PATIENT IDENTIFICATION NUMBER

4. REPORTING PHYSICIAN'S IDFPR LICENSE NUMBER

5. PATIENT INFORMATION

a. PATIENT'S RESIDENT STATE (See State Code table)

b. COUNTY (See County Code table)

c. ZIP CODE (Chicago only)

6. RACE/ETHNICITY

a. Race

[ ]  White

[ ]  Black or African American

[ ]  American Indian or Alaska Native (Name of the enrolled or principal tribe)

[ ]  Asian Indian

[ ]  Chinese

[ ]  Filipino

[ ]  Japanese

[ ]  Korean

[ ]  Vietnamese

[ ]  Other Asian (Specify)

[ ]  Native Hawaiian

[ ]  Guamanian or Chamorro

[ ]  Samoan

[ ]  Other Pacific Islander (Specify)

[ ]  Other (Specify)

b. Hispanic Origin

[ ]  No, not Spanish/Hispanic/Latina

[ ]  Mexican, Mexican American, Chicana

[ ]  Puerto Rican

[ ]  Cuban

[ ]  Other Spanish/Hispanic/Latina

7. AGE LAST BIRTHDAY

8. MARRIED/CIVIL UNION?

9. DATE OF PREGNANCY TERMINATION (Mo/Day/Year)

10. EDUCATION (Specify only highest grade completed)

Elementary/Secondary (0-12)

College (1-4 or 5+)

11. CLINICAL ESTIMATE OF GESTATION (Number of Weeks)

12. PREVIOUS PREGNANCIES (Complete each section)

LIVE BIRTHS

a. NOW LIVING (Number)

b. NOW DEAD (Number)

OTHER TERMINATIONS

a. SPONTANEOUS (Number)

b. INDUCED (Number) (Do not include this termination)

13. Rh DETERMINATION (Not done/Rh Pos/Rh Neg)

14. IF Rh NEGATIVE, ANTI Rh (Given/Not offered to patient/Refused by patient/Medically not indicated)

15. REASON FOR TERMINATION (Patient's Request/Other)

16. TERMINATION PROCEDURES

a. PROCEDURE THAT TERMINATED PREGNANCY (check only one)

[ ]  Antiprogestins (such as Mifepristone)

[ ]  Suction Curettage

[ ]  Sharp Curettage

[ ]  Dilation and Evacuation (D & E)

[ ]  Intra-Uterine Saline Instillation

[ ]  Intra-Prostaglandin Instillation

[ ]  Hysterotomy

[ ]  Hysterectomy

[ ]  Other (Specify)

b. ADDITIONAL PROCEDURES USED FOR THIS TERMINATION, IF ANY

17. COMPLICATIONS OF PREGNANCY TERMINATION? [ ]  Y [ ]  N (check all that apply)

[ ]  Hemorrhage

[ ]  Uterine Perforation

[ ]  Anesthesia

[ ]  Retained Products

[ ]  Cervical Laceration

[ ]  Infection

[ ]  Death

[ ] Other (Specify)

18. HOSPITALIZATION REQUIRED AS A RESULT OF COMPLICATION(S)?

[ ]  Y [ ]  N

19. This is a corrected version of a previously submitted form. [ ]  Y

(Source: Added at 37 Ill. Reg. 1744, effective January 23, 2013)