**Section 505.APPENDIX C Report of Subsequent Complications after an Induced Termination of Pregnancy**

**REPORT OF SUBSEQUENT COMPLICATIONS AFTER**

**AN INDUCED TERMINATION OF PREGNANCY**

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 AND ADDRESS WHERE COMPLICATION WAS DIAGNOSED

2. PATIENT IDENTIFICATION NUMBER

3. REPORTING PHYSICIAN'S IDFPR LICENSE NUMBER

4. PATIENT INFORMATION

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

b. COUNTY (See County Code table)

c. ZIP CODE (Chicago only)

5. 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

6. AGE LAST BIRTHDAY

7. MARRIED/CIVIL UNION?

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

9. COMPLICATIONS OF PREGNANCY TERMINATION (check all that apply)

[ ]  Hemorrhage

[ ]  Uterine Perforation

[ ]  Anesthesia

[ ]  Retained Products

[ ]  Cervical Laceration

[ ]  Infection

[ ]  Death

[ ]  Other (Specify)

10. HOSPITAL ADMISSION REQUIRED ON DATE OF EXAMINATION?

[ ]  Y [ ]  N

11. FACILITY NAME OR LOCATION (IF KNOWN) WHERE THE ABORTION WAS PERFORMED

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