**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)