

Appendix A

ABORTION FORMS

Shown below and on the following pages are the abortion forms physicians are

required to use under South Dakota Codified Law 34-23A-34 to 34-23A-45.

***Physician's Induced Abortion Reporting Form
Parental Notice
South Dakota Codified Law § 34-23A-39 and 34-23A-7
(also 45 C.F.R. §§ 164.512(b)(1)(i) and 164.514(e)(3)(i))
South Dakota Department of Health
600 East Capitol Avenue
Pierre, South Dakota 57501-2536***

SDCL 34-23A-43 (verification purposes)	
Name of Hospital, Clinic or Physician's Office: _____	Date of Report ____ / ____ / ____
Patient ID Number: _____	
Person responsible for the patient who is a minor (check appropriate box): Parent Guardian/conservator SDCL §§ 34-23A-7 (introductory paragraph) and 34-23A-7(3)	
Complete questions A or B and question C.	
A. As outlined in SDCL 34-23A-7, notice was provided to: Parent Guardian/conservator	
B. Notice was not provided to parents or guardian/conservator of the minor as outlined in SDCL 34-23A-7 because: A medical emergency existed complicating the medical condition of the pregnant female so as to necessitate the immediate abortion to avert her death or to avert the creation of a serious risk of substantial or irreversible impairment of a major bodily function. SDCL §§ 34-23A-7(1) and 34-23A-39(2). The person who was entitled to notice certified in writing that he/she has been notified. SDCL §§ 34-23A-7(2) and 34-23A-39(2). The patient was an emancipated minor as defined by SDCL 24-5-24. SDCL §§ 34-23A-7(2) and 34-23A-39(2). The physician was authorized by the court under SDCL 34-23A-7(3) to perform the induced abortion without parental or guardian/conservator notice. SDCL 34-23A-39(2).	
C. Minor obtained induced abortion: Yes No Unknown SDCL §§ 34-23A-39(1), 34-23A-39(2), 34-23A-39(3), and 34-23A-39(4).	

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REPORT OF INDUCED ABORTION
South Dakota Codified Law §§ 34-23A-35, 34-23A-34, 34-23A-19
(also 45 C.F.R. §§ 164.512(b)(1)(i) and 164.514(e)(3)(i))
South Dakota Department of Health
600 East Capitol Avenue
Pierre, South Dakota 57501-2536

PLACE OF OCCURRENCE			
Name of Hospital, Clinic or Physician's Office:		Date of Report (Month/Day/Year) ____/____/____	Patient ID Number:
State:	County:	City:	
PATIENT INFORMATION			
Residence:		Residence Inside City Limits? Yes No	Marital Status: Married? Yes No
State:	County:	City:	
Zip Code:	Race: White American Indian Black Other (specify): _____		Of Hispanic Origin? Yes No
Education (check the box that best describes patient's education):			Age on Last Birthday:
<input type="checkbox"/> 8 th grade or less	<input type="checkbox"/> Bachelor's degree (BA, AB, BS, etc)		Age, if known, of unborn child's father (if patient was younger than 16 years of age at conception):
<input type="checkbox"/> 9 th - 12 th grade, no diploma	<input type="checkbox"/> Master's degree (MA, MS, MBA, etc)		
<input type="checkbox"/> High School Grad. Or GED	<input type="checkbox"/> Doctorate (PhD, etc) or Professional degree (MD, DDS, etc)		
<input type="checkbox"/> Some college, no degree	<input type="checkbox"/> Teacher's Certificate		
<input type="checkbox"/> Associate degree (AA, AS, etc)	<input type="checkbox"/> Votech		
PAYMENT INFORMATION			
Payment for this Procedure: Private Insurance Public Health Plan Other (Specify): _____		Insurance Coverage Type: Fee-for-service Insurance Co. Managed Care Company Other (Specify): _____	Fee Collected for Performing or Treating the Induced Abortion: \$ _____
PREVIOUS PREGNANCIES (complete each section)			
Live Births		Other Terminations	
Now Living None Number _____	Now Dead None Number _____	Spontaneous None Number _____	Previous Induced None Number _____
MEDICAL INFORMATION			
Date of Induced Abortion (Month/Day/Year) ____/____/____	Date Last Normal Menses Began (Month/Day/Year) ____/____/____	Patient Received Required Counseling? Yes No	Presence of Fetal Abnormality? Yes No Unknown
Approximate Gestational Age _____ weeks	Measurement of Fetus _____	Method of Disposal: Burial Cremation Incineration Unknown/Medical	
Rhesus factor (Rh) information:	Patient received Rh test: Yes No If no, why? Patient provided info from elsewhere Info is in patient's chart Patient is positive or negative for Rh factor: Positive Negative Unknown Patient received Rho (D) immune globulin injection: Yes No		
MEDICAL PROCEDURES			
Primary Procedure That Terminated Pregnancy (<i>check only one</i>)	Type of Termination Procedure	Any Additional Procedures Used (<i>check all that apply</i>)	
	Suction Medical/Non-surgical Dilation and Evacuation Intra-Uterine Instillation Sharp Curettage Hysterotomy/Hysterectomy Other (Specify) _____		
Type of Anesthetic Used: None General Regional Local IV Conscious Sedation	Complications from the abortion: None 1. _____ 2. _____ 3. _____		
REASON FOR INDUCED ABORTION			
<i>Check all that apply.</i>			
The mother would suffer substantial and irreversible impairment of a major bodily function if the pregnancy continued		The pregnancy was a result of incest	
The pregnancy was a result of rape		The mother did not desire to have the child	
The mother could not afford the child		Other, which shall be specified: _____	
The mother's emotional health was at risk			
PHYSICIAN INFORMATION			
Name of Physician and License Number:		Physician Has Been Subject To:	
Physician's Specialty: _____		License Revocation Yes No License Suspension Yes No Other Professional Sanction Yes No	

Physician's Induced Abortion Reporting Form
Voluntary and Informed Consent
South Dakota Codified Law § 34-23A-37
(also 45 C.F.R. §§ 164.512(b)(1)(i) and 164.514(e)(3)(i))
South Dakota Department of Health
600 East Capitol Avenue
Pierre, South Dakota 57501-2536

Name of Hospital, Clinic or Physician's Office: _____	Date of Report ____ / ____ / ____ Patient ID Number: _____
SDCL 34-23A-43 (verification purposes)	

Complete the appropriate categories regarding informed consent information supplied to female patients. This includes medical information described in SDCL 34-23A-10.1(1), resource information described in SDCL 34-23A-10.1(2), and printed fetal growth and development educational materials described in SDCL 34-23A-10.3.

Patient was timely provided the **medical** information as described in **SDCL §§ 34-23A-10.1(1) and 34-23A-10.1 (last paragraph)**.
 Medical information was provided:
 during telephone conversation in person (face-to-face)

Medical information was provided by:
 referring physician physician performing induced abortion

Patient was timely provided the **resource** information as described in **SDCL 34-23A-10.1(2)**.
 Resource information was provided:
 during telephone conversation in person (face-to-face)

Resource information was provided by:
 referring physician physician performing induced abortion
 agent of referring physician agent of physician performing induced abortion

Patient was timely offered the printed **fetal growth and development** information as described in **SDCL §§ 34-23A-10.3 and 34-23A-10.1(2)(c)** in both printed form and by website at www.state.sd.us/applications/ph17abortioninfo/inlet/fetal.pdf and www.state.sd.us/ph17abortioninfo.
 Patient did not accept the printed fetal growth and development information described in SDCL §§ 34-23A-10.3 and 34-23A-10.1(2)(c).
 Patient did not accept the website fetal growth and development information described in SDCL §§ 34-23A-10.4 and 34-23A-10.1(2)(c).

Patient obtained induced abortion: Yes No Unknown SDCL §§ 34-23A-10.1(1), 34-23A-10.1(2)(c), 34-23A-10.1(3), and 34-23A-10.1(4).

Patient obtained induced abortion. Patient was not provided the medical or resource information described in SDCL §§ 34-23A-10.1 (1) or 34-23A-10.1(2) because of a medical emergency which so complicated the medical condition of the pregnant female as to necessitate the immediate abortion of her pregnancy to avert her death, on the basis of the physician's good faith clinical judgment. SDCL §§ 34-23A-10.1 (introductory paragraph) and 34-23A-7(1). Report of Induced Abortion Form DOH-PO66 must be submitted to Department of Health.

Patient obtained induced abortion. Patient was not provided the medical or resource information described in SDCL §§ 34-23A-10.1 (1) or 34-23A-10.1(2) because a delay would have created a serious risk of substantial and irreversible impairment of a major bodily function, in the physician's good faith clinical judgment. SDCL §§ 34-23A-10.1 (introductory paragraph) and 34-23A-7(1). Report of Induced Abortion Form PO66 must be submitted to Department of Health.