# 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

<table>
<thead>
<tr>
<th>Name of Hospital, Clinic or Physician’s Office:</th>
<th>Date of Report ____ / ____ / _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient ID Number: ____________________</td>
<td>Patient ID Number: ____________________</td>
</tr>
</tbody>
</table>

The patient is (check one box): SDCL 34-23A-7

- [ ] Emancipated minor (if checked, please skip to letter C)
- [ ] Unemancipated minor, with parental notice required
- [ ] Unemancipated minor, with guardian notice required due to court-ordered guardianship or conservatorship
- [ ] Incompetent minor or adult, with guardian notice required due to court-ordered guardianship or conservatorship

Complete questions A or B and question C.

**A. Notice was provided,** per SDCL §§ 34-23A-39(1) and 34-23A-7, to patient’s: □ Parent or □ Guardian/Conservator (if checked, please skip to letter C).

OR

**B. Notice was not provided,** per SDCL 34-23A-7, to patient’s: □ Parent or □ Guardian/Conservator because one of the following three notice exceptions applies (check applicable exception):

1. □ A **medical emergency** existed with insufficient time to provide the required notice. SDCL 34-23A-7(1).

   - □ Verbal notice was provided to parent/guardian within 24 hours after the abortion. SDCL §§ 34-23A-39(2), 34-23A-39(4), and 34-23A-7(1).
   - □ Mandatory written notice was provided to parent/guardian after the abortion. SDCL §§ 34-23A-39(2), 34-23A-39(4), 34-23A-7(1).
   OR
   - □ Judge of circuit court authorizes waiver of required notice, per SDCL §§ 34-23A-39(2), 34-23A-39(3), 34-23A-39(4), and 34-23A-7(1), because:

     OR
     - □ Judge determined patient is not mature, or patient does not claim to be mature, and Judge determines performance of abortion without notification of parent would be in patient’s best interests. SDCL §§ 34-23A-39(2), 34-23A-39(3), 34-23A-39(4), and 34-23A-7(1).

2. □ The **parent or guardian entitled to notice certifies in writing that s/he was notified,** with the parent or guardian’s signature notarized. SDCL §§ 34-23A-39(1) and 34-23A-7(2).

3. □ Any **judge of a circuit court**, after an appropriate hearing, **authorizes a physician to perform the induced abortion without prior notice.** SDCL §§ 34-23A-39(3) and 34-23A-7(3).

## PLACE OF OCCURRENCE

<table>
<thead>
<tr>
<th>Name of Hospital, Clinic or Physician’s Office:</th>
<th>Date of Report (Month/Day/Year)</th>
<th>Patient ID Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Residence:</th>
<th>Residence Inside City Limits?</th>
<th>County:</th>
<th>City:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State:</th>
<th>County:</th>
<th>City:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Report (Month/Day/Year)</th>
<th>Patient ID Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>/</strong>/____</td>
<td></td>
</tr>
</tbody>
</table>

## PATIENT INFORMATION

### Race: (check the boxes that best describe that patient’s race):

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (specify)________
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (specify)________
- Other (specify)________

### Education (check the box that best describes patient’s education):

- 8th grade or less
- 9th-12th grade, no diploma
- Bachelor’s degree (BA, AB, BS, etc)
- Master’s degree (MA, MS, MBA, etc)
- Some college, no degree
- Doctorate (PhD, etc) or Professional degree (MD, DDS, etc)

### Place of Occurrence

<table>
<thead>
<tr>
<th>Name of Hospital, Clinic or Physician’s Office:</th>
<th>Date of Report (Month/Day/Year)</th>
<th>Patient ID Number:</th>
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<th>County:</th>
<th>City:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State:</th>
<th>County:</th>
<th>City:</th>
</tr>
</thead>
</table>

## 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

<table>
<thead>
<tr>
<th>Now Living</th>
<th>Now Dead</th>
<th>Spontaneous</th>
<th>Other Terminations</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ None</td>
<td>Number____</td>
<td>□ None</td>
<td>Number____</td>
</tr>
</tbody>
</table>

### Spontaneous

<table>
<thead>
<tr>
<th>Now Living</th>
<th>Now Dead</th>
<th>Spontaneous</th>
<th>Other Terminations</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ None</td>
<td>Number____</td>
<td>□ None</td>
<td>Number____</td>
</tr>
</tbody>
</table>

### Other Terminations

<table>
<thead>
<tr>
<th>Now Living</th>
<th>Now Dead</th>
<th>Spontaneous</th>
<th>Other Terminations</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ None</td>
<td>Number____</td>
<td>□ None</td>
<td>Number____</td>
</tr>
</tbody>
</table>

## MEDICAL INFORMATION

### Date of Induced Abortion (Month/Day/Year)

<table>
<thead>
<tr>
<th>Date Last Normal Menses Began (Month/Day/Year)</th>
<th>Patient Received Required Counseling?</th>
<th>Presence of Fetal Abnormality?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>/</strong>/____</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No □ Unknown</td>
</tr>
</tbody>
</table>

### Approximate Gestational Age

<table>
<thead>
<tr>
<th>Measurement of Fetus</th>
<th>Method of Disposal:</th>
</tr>
</thead>
</table>
| ___________ weeks | □ Burial
| Unknown (refer to instructions) | □ Cremation
| 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 (check only one)

<table>
<thead>
<tr>
<th>Type of Termination Procedure</th>
<th>Any Additional Procedures Used (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suction</td>
<td></td>
</tr>
<tr>
<td>Medical/Non-surgical</td>
<td></td>
</tr>
<tr>
<td>Dilatation and Evacuation</td>
<td></td>
</tr>
<tr>
<td>Intra-Uterine Instillation</td>
<td></td>
</tr>
<tr>
<td>Sharp Curettage</td>
<td></td>
</tr>
<tr>
<td>Hysterotomy/Hysterectomy</td>
<td></td>
</tr>
<tr>
<td>Other (Specify)________</td>
<td></td>
</tr>
</tbody>
</table>

### Type of Anesthetic Used:

<table>
<thead>
<tr>
<th>Complications from the abortion:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ None</td>
</tr>
<tr>
<td>□ General</td>
</tr>
<tr>
<td>□ Regional □ Local</td>
</tr>
<tr>
<td>□ IV Conscious Sedation</td>
</tr>
</tbody>
</table>

OVER
### 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*

#### REASON FOR INDUCED ABORTION

Check the boxes that best describe patient’s reason:

- [ ] The mother would suffer substantial and irreversible impairment of a major bodily function if the pregnancy continued
- [ ] The pregnancy was a result of rape
- [ ] The mother could not afford the child
- [ ] The mother’s emotional health was at risk
- [ ] The pregnancy was a result of incest
- [ ] The mother did not desire to have the child
- [ ] Other, which shall be specified: _________________________

#### PHYSICIAN INFORMATION

<table>
<thead>
<tr>
<th>Name of Physician and License Number:</th>
<th>Physician Has Been Subject To:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>License Revocation □ Yes □ No</td>
</tr>
<tr>
<td></td>
<td>License Suspension □ Yes □ No</td>
</tr>
<tr>
<td>Physician’s Specialty:</td>
<td>Other Professional Sanction □ Yes □ No</td>
</tr>
</tbody>
</table>
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)

<table>
<thead>
<tr>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Complete the appropriate categories regarding informed consent information supplied to female patients. This includes information described in SDCL 34-23A-10.1(1), information described in SDCL 34-23A-10.1(2), printed educational materials described in SDCL 34-23A-10.3, and opportunity to view sonogram in SDCL 34-23A-37(3A).

☐ Patient was timely provided the information as described in SDCL 34-23A-10.1(1).

Information was provided:
☐ in person (face-to-face) ☐ during telephone conversation

Information was provided by:
☐ referring physician ☐ physician performing induced abortion

☐ Patient was timely provided the information as described in SDCL 34-23A-10.1(2).

Information was provided:
☐ in person (face-to-face) ☐ during telephone conversation

Information was provided by:
☐ referring physician ☐ physician performing induced abortion
☐ agent of referring physician ☐ agent of physician performing induced abortion

☐ Patient was offered the printed materials as described in SDCL §§ 34-23A-10.3.

☐ Patient accepted the printed materials on public and private assistance agencies.
☐ Patient did not accept the printed materials on public and private assistance agencies.

AND
☐ Patient accepted the Fetal Growth and Development booklet.
☐ Patient did not accept the Fetal Growth and Development booklet.

☐ Patient was offered the DOH website address for “Information on Fetal Development, Birth, Abortion and Adoption.”

☐ Patient accepted the DOH website address.
☐ Patient did not accept the DOH website address.

☐ Patient was offered the opportunity to view a sonogram of her unborn child prior to the procedure as described in SDCL 34-23A-37(3A) and 34-23A-52.

☐ Patient accepted the opportunity to view a sonogram of her unborn child.
☐ Patient did not accept the opportunity to view a sonogram of her unborn child.

Patient obtained induced abortion: ☐ Yes ☐ No ☐ Unknown SDCL 34-23A-37(3), 34-23A-37(3A), and 34-23A-52.

☐ Patient obtained induced abortion. Patient was not provided the 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 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 DOH-PO66 must be submitted to Department of Health.