

# 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.

Of the six forms shown below, the first three forms were used for abortions performed January 1, 2009 through February 12, 2009. Due to form revisions, the final three forms were used for abortions performed on February 13, 2009 and later.

### ***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)	
<b>Complete questions A or B and question C.</b>	
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(1).	
The patient was an emancipated minor as defined by SDCL 24-5-24. SDCL §§ 34-23A-7 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(3).	
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).	

**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

<b>PLACE OF OCCURRENCE</b>			
Name of Hospital, Clinic or Physician's Office:		Date of Report (Month/Day/Year)	Patient ID Number:
State: _____	County: _____	City: _____	_____/_____/____
<b>PATIENT INFORMATION</b>			
Residence:		Residence Inside City Limits? Yes No	Marital Status: Married? Yes No
State: _____	County: _____	City: _____	
Zip Code: _____	Race: White American Indian Black Asian Hawaiian or Pacific Islander 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 <sup>th</sup> 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 <sup>th</sup> – 12 <sup>th</sup> 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		
<b>PAYMENT INFORMATION</b>			
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: \$ _____
<b>PREVIOUS PREGNANCIES (complete each section)</b>			
Live Births		Other Terminations	
Now Living None Number _____	Now Dead None Number _____	Spontaneous None Number _____	Previous Induced None Number _____
<b>MEDICAL INFORMATION</b>			
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 _____ Unknown (refer to instructions)	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		
<b>MEDICAL PROCEDURES</b>			
Primary Procedure That Terminated Pregnancy (check only one)	Type of Termination Procedure	Any Additional Procedures Used (check all that apply)	
	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. _____		
<b>REASON FOR INDUCED ABORTION</b>			
<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			
<b>PHYSICIAN INFORMATION</b>			
Name of Physician and License Number:	Physician Has Been Subject To: License Revocation Yes No License Suspension Yes No Other Professional Sanction Yes No		
Physician's Specialty: _____			

**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), printed fetal growth and development 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 **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](http://www.state.sd.us/applications/ph17abortioninfo/inlet/fetal.pdf).

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

Patient did accept the opportunity to view a sonogram of her unborn child described in SDCL 34-23A-37(3A).

Patient did not accept the opportunity to view a sonogram of her unborn child described in SDCL 34-23A-37(3A).

**Patient obtained induced abortion: Yes No Unknown SDCL 34-23A-10.1 and 34-23A-37(3A).**

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.

The following three forms shown below and on the following pages were used for induced abortions

beginning on February 13, 2009 and later.

**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: _____	
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	
<b>Complete questions A or B and question C.</b>	
A. <b>Notice was provided</b> , 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. <b>Notice was not provided</b> , per SDCL 34-23A-7, to patient's:   Parent or   Guardian/Conservator <b>because one of the following three notice exceptions applies</b> (check applicable exception):	
1. <b>A medical emergency</b> 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:	
Judge determined patient is mature and capable of giving informed consent. SDCL §§ 34-23A-39(2), 34-23A-39(3), 34-23A-39(4), and 34-23A-7(1).	
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. <b>The parent or guardian entitled to notice certifies in writing that s/he was notified</b> , with the parent or guardian's signature notarized. SDCL §§ 34-23A-39(1) and 34-23A-7(2).	
3.   Any <b>judge of a circuit court</b> , after an appropriate hearing, <b>authorizes a physician to perform the induced abortion without prior notice</b> . SDCL §§ 34-23A-39(3) and 34-23A-7(3).	
C. Patient obtained induced abortion:   Yes   No   Unknown SDCL §§ 34-23A-39(1), 34-23A-39(2), 34-23A-39(3), and 34-23A-39(4).	

**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**

<b>PLACE OF OCCURRENCE</b>			
Name of Hospital, Clinic or Physician's Office:		Date of Report (Month/Day/Year)	Patient ID Number:
State:	County:	City:	_____ / _____ / _____
<b>PATIENT INFORMATION</b>			
Residence:		Residence Inside City Limits?    Yes    No	Marital Status: Married?    Yes    No
State:	County:	City:	
Zip Code:		Of Hispanic Origin? ( <b>check the boxes</b> that best describe that patient's Hispanic Origin):	
Race: ( <b>check the boxes</b> that best describe that patient's race):		No, not Spanish/Hispanic/Latina	
White	Black or African American	American Indian or Alaska Native	Yes, Mexican, Mexican American, Chicano
Asian Indian	Chinese	Filipino	Specify Tribe _____
Japanese	Korean	Vietnamese	Other Asian (specify) _____
Native Hawaiian	Guamanian or Chamorro	Samoa	Yes, Puerto Rican    Yes, Cuban
Other Pacific Islander (specify) _____	Other (specify) _____		Yes, other Spanish/Hispanic/Latina (e.g. Spaniard, Salvadoran, Dominican, Columbian) (specify) _____
Education ( <b>check the box</b> that best describes patient's education):		Age on Last Birthday:	
8 <sup>th</sup> grade or less	Associate degree (AA, AS, etc)	Teacher's Certificate	9 <sup>th</sup> -12 <sup>th</sup> grade, no diploma
Bachelor's degree (BA, AB, BS, etc)	Votech	Age, if known, of unborn child's father (if patient was younger than 16 years of age at conception):	
High School Grad./GED	Master's degree (MA, MS, MBA, etc)		
Some college, no degree	Doctorate (PhD, etc) or Professional degree (MD, DDS, etc)		
<b>PAYMENT INFORMATION</b>			
Payment for this Procedure:		Insurance Coverage Type:	Fee Collected for Performing or Treating the Induced Abortion:
Private Insurance		Fee-for-service Insurance Co.	
Public Health Plan		Managed Care Company	
Other (Specify): _____		Other (Specify): _____	\$ _____
<b>PREVIOUS PREGNANCIES (complete each section)</b>			
Live Births		Other Terminations	
Now Living	Now Dead	Spontaneous	Previous Induced
None    Number _____	None    Number _____	None    Number _____	None    Number _____
<b>MEDICAL INFORMATION</b>			
Date of Induced Abortion (Month/Day/Year)	Date Last Normal Menses Began (Month/Day/Year)	Patient Received Required Counseling?	Presence of Fetal Abnormality?
____ / ____ / ____	____ / ____ / ____	Yes    No	Yes    No    Unknown
Approximate Gestational Age _____ weeks	Measurement of Fetus _____	Method of Disposal:	
	Unknown (refer to instructions)	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		
<b>MEDICAL PROCEDURES</b>			
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:	Complications from the abortion:		
None	None		
General	1. _____		
Regional    Local	2. _____		
IV Conscious Sedation	3. _____		

**-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*

<b>REASON FOR INDUCED ABORTION</b>	
<p><b>Check the boxes</b> that best describe patient's reason:</p> <p>The mother would suffer substantial and irreversible impairment of a major bodily function if the pregnancy continued</p> <p>The pregnancy was a result of rape <span style="float: right;">The pregnancy was a result of incest</span></p> <p>The mother could not afford the child <span style="float: right;">The mother did not desire to have the child</span></p> <p>The mother's emotional health was at risk <span style="float: right;">Other, which shall be specified: _____</span></p>	
<b>PHYSICIAN INFORMATION</b>	
<p>Name of Physician and License Number:</p> <p>Physician's Specialty: _____</p>	<p>Physician Has Been Subject To:</p> <p>License Revocation    Yes    No</p> <p>License Suspension    Yes    No</p> <p>Other Professional Sanction    Yes    No</p>

**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 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.

OR

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.