

Appendix A

ABORTION FORMS

Shown 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
615 East 4th Street
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) <input type="checkbox"/> Unemancipated minor, with parental notice required <input type="checkbox"/> Unemancipated minor, with guardian notice required due to court-ordered guardianship or conservatorship <input type="checkbox"/> Incompetent minor or adult, with guardian notice required due to court-ordered guardianship or conservatorship	
<input type="checkbox"/> 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: <input type="checkbox"/> Parent or <input type="checkbox"/> Guardian/Conservator (if checked, please skip to letter C). OR	
B. Notice was not provided , per SDCL 34-23A-7, to patient's: <input type="checkbox"/> Parent or <input type="checkbox"/> Guardian/Conservator because one of the following three notice exceptions applies (check applicable exception): 1. <input type="checkbox"/> A medical emergency existed with insufficient time to provide the required notice. SDCL 34-23A-7(1). <input type="checkbox"/> 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). <input type="checkbox"/> 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 <input type="checkbox"/> 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: <input type="checkbox"/> 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 <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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). C. Patient obtained induced abortion: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown SDCL §§ 34-23A-39(1), 34-23A-39(2), 34-23A-39(3), and 34-23A-39(4).	

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
615 East 4th Street
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.

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
Office of Health Statistics
615 East 4th Street
Pierre, South Dakota 57501-2536

PLACE OF OCCURRENCE			
Name of Hospital, Clinic or Physician's Office: State: _____ County: _____ City: _____		Date of Report (Month/Day/Year) ____/____/____	Patient ID Number:
PATIENT INFORMATION			
Residence: State: _____ County: _____ City: _____		Residence Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status: Married? <input type="checkbox"/> Yes <input type="checkbox"/> No
Zip Code: _____		Of Hispanic Origin? (check the boxes that best describe the patient's Hispanic Origin): <input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (e.g. Spaniard, Salvadoran, Dominican, Columbian) (Specify: _____)	
Race: (check the boxes that best describe the patient's race): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino Specify Tribe: _____ <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian: (specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (specify) _____ <input type="checkbox"/> Other (specify): _____			
Education: (check the box that best describe the patient's education level. If patient is currently enrolled, check the box that indicates the previous grade or highest degree received): <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> Associate degree (AA, AS, etc.) <input type="checkbox"/> Teacher's Certificate <input type="checkbox"/> 9-12 th grade, no diploma <input type="checkbox"/> Bachelor's degree (BA, AB, BS, etc.) <input type="checkbox"/> VoTech <input type="checkbox"/> High School Grad./GED <input type="checkbox"/> Master's degree (MA, MS, MBA, etc.) <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Doctorate (PhD, etc.) or Professional degree (MD, DDS, etc.)		Age on Last Birthday: _____ Age, if known, of unborn child's father (if patient was younger than 16 years of age at conception) :	
PAYMENT INFORMATION			
Payment for this Procedure: <input type="checkbox"/> Private Insurance <input type="checkbox"/> Public Health Plan <input type="checkbox"/> Other (Specify): _____		Insurance Coverage Type: <input type="checkbox"/> Fee-for-service Insurance Co. <input type="checkbox"/> Managed Care Company <input type="checkbox"/> Other (Specify): _____	Fee Collected for Performing or Treating the Induced Abortion: \$ _____
PREVIOUS PREGNANCIES (complete each section)			
Live Births		Other Terminations	
Now Living <input type="checkbox"/> None Number _____	Now Dead <input type="checkbox"/> None Number _____	Spontaneous <input type="checkbox"/> None Number _____	Previous Induced <input type="checkbox"/> None Number _____
MEDICAL INFORMATION			
Date of Induced Abortion (Month/Day/Year) ____/____/____	Date Last Normal Menses Began (Month/Day/Year) ____/____/____	Patient Received Required Counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No	Presence of Fetal Abnormality? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Approximate Gestational Age _____ weeks	Measurement/Weight of Fetus _____ <input type="checkbox"/> Unknown (refer to instructions)	Method of Disposal: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Incineration <input type="checkbox"/> Unknown/Medical	
Rhesus factor (Rh) information: Patient received Rh test: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? <input type="checkbox"/> Patient provided info from elsewhere <input type="checkbox"/> Info is in patient's chart Patient is positive or negative for Rh factor: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown Patient received Rho (D) immune globulin injection: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sex of the unborn child: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown If sex is known: Did mother use a sex-determining test? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what type of sex-determining test was used? _____ Approximate gestational age of unborn child, in weeks, when the test was taken: _____			
Post-fertilization age: _____ weeks How was the post-fertilization age determined?: _____ If post-fertilization age was not determined, what was the basis of the determination that an exception existed? _____ _____			
Was an intra-fetal injection used in an attempt to induce fetal demise? <input type="checkbox"/> Yes <input type="checkbox"/> No If the unborn child was deemed capable of experiencing pain, what was the basis of the determination that it was a medical emergency? _____ _____			

-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
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If the unborn child was deemed capable of experiencing pain, did the method of abortion provide the best opportunity for the unborn child to survive? Yes No

If such a method was not used, what was the basis of the determination that termination in that manner would pose a greater risk either of the death of the pregnant woman or of the substantial and irreversible physical impairment of a major bodily function, not including a psychological or emotional condition, of the woman than other available methods? _____

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>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Suction Medical/Non-surgical Dilation and Evacuation Intra-uterine Instillation Sharp Curettage Hysterotomy/Hysterectomy Other (Specify) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Type of Anesthetic Used: <input type="checkbox"/> None <input type="checkbox"/> General <input type="checkbox"/> Regional <input type="checkbox"/> Local <input type="checkbox"/> IV Conscious Sedation	Maternal Complications from the Abortion: <input type="checkbox"/> None 1. _____ 2. _____ 3. _____	

REASON FOR INDUCED ABORTION

Check the boxes that best describe the patient's reason:

The mother would suffer substantial and irreversible impairment of a major bodily function if the pregnancy continued

The pregnancy was the 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

Name of Physician and License Number: _____ Physician's Specialty: _____	Physician Has Been Subject To: License Revocation <input type="checkbox"/> Yes <input type="checkbox"/> No License Suspension <input type="checkbox"/> Yes <input type="checkbox"/> No Other Professional Sanction <input type="checkbox"/> Yes <input type="checkbox"/> No
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