State of Illinois
Illinois Department of Public Health

REPORT OF INDUCED TERMINATION OF PREGNANCY

COMPLETE THIS FORM AND MAIL IT TO:

Illinois Department of Public Health, Division of Vital Records
605 West Jefferson Street, Springfield, Illinois 62702-5097

(All information submitted herein shall be confidential pursuant to the Pregnancy Termination Report Code 77 Ill. Adm. Code 505)

1. FACILITY NAME (If not clinic or hospital, give address)

2. COUNTY OF PREGNANCY TERMINATION (See County Code Table)

3. PATIENT'S IDENTIFICATION NUMBER

4. PHYSICIAN'S LICENSE NUMBER

PATIENT INFORMATION

5a. RESIDENT STATE (See State Code Table)

5b. COUNTY (See County Code Table)

5c. ZIP CODE (Chicago Only) 606

6. RACE / ETHNICITY

6a. RACE

- (1) American Indian
- (2) Black
- (3) White
- (4) Asian
- (5) Other (Specify)

6b. HISPANIC? Y/N

7. AGE LAST BIRTHDAY

8. MARRIED? Y/N

9. DATE OF PREGNANCY TERMINATION MO DAY YR

10. EDUCATION (Specify only highest grade completed)
Elementary / Secondary (0-12)
College (1-4 or 5+)

11. CLINICAL ESTIMATE OF GESTATION (Number of Weeks)

12. PREVIOUS PREGNANCIES (Complete each section)

LIVE BIRTHS

12a. NOW LIVING (Number)

12b. NOW DEAD (Number)

OTHER TERMINATIONS

12c. SPONTANEOUS (Number)

12d. INDUCED (Number) (Do not include this termination)

13. Rh DETERMINATION
Not Done · Rh Pos · Rh Neg

14. IF RH NEGATIVE, ANTI-Rh
Given · Not offered to patient · Refused by patient · Medically not indicated

15. REASON FOR TERMINATION
Patient's Request · Other

16. TERMINATION PROCEDURES

16a. PROCEDURE THAT TERMINATED PREGNANCY (Check only one)

16b. ADDITIONAL PROCEDURES USED FOR THIS TERMINATION, IF ANY (Check all that apply)

16a	Procedure	16b
	Suction Curettage	
	Sharp Curettage	
	Dilation and Evacuation (D & E)	
	Intra-Uterine Saline Instillation	
	Intra-Prostaglandin Instillation	
	Hysterotomy	
	Hysterectomy	
	Other (Specify)______	

17. COMPLICATIONS OF PREGNANCY TERMINATION?
Y/N · If yes, mark all that apply. Hemorrhage · Uterine Perforation · Anesthetic · Retained Products · Cervical Laceration · Infection · Death · Other (Specify)

18. HOSPITALIZATION REQUIRED AS A RESULT OF COMPLICATION(S)?
Y/N

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