REPORT OF COMPLICATION(S) RESULTING FROM TERMINATION OF PREGNANCY

Confidential Record of Medical and Health Use

(SEE BACK OF FORM FOR DEFINITION AND REPORTING INSTRUCTIONS)

PLEASE TYPE OR PRINT IN BLACK INK

DATE(S) OF SERVICE

Month Day Year — Month Day Year

1. Date Service Began: 2. Date Service Ended:

ENTITY PROVIDING TREATMENT

3. Name: (If not hospital or clinic, give address or other identification)

PATIENT INFORMATION

4. County:

5. City or Town: Inside City Limits? ☐ Yes ☐ No

6. Race (Check one or more races to indicate what the patient considers herself to be)

☐ White ☐ Black or African American ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Native Hawaiian ☐ Samoan

☐ Asian Indian ☐ Guamanian or Chamorro ☐ Other Asian (Specify)_____ ☐ Other Pacific Islander (Specify _____

☐ American Indian or Alaska Native (Name of the enrolled tribe or principle tribe) _____ ☐ Other (Specify) _____

7. Age:

8. Married? ☐ Yes ☐ No

9. Patient's Education – Check the box that best describes the highest degree or level of school completed.

☐ 8th grade or less ☐ 9th – 12th grade, no diploma ☐ High school graduate or GED completed ☐ Some college, no degree

☐ Associate degree (e.g., AA, AS) ☐ Bachelor's degree (e.g., BA, AB, BS) ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)

☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) ☐ Unknown

10. Previous Pregnancies (Complete all four sections; enter number or check None)

Live Births		Other Pregnancy Outcomes	
a. Now Living	b. Now Dead	c. Spontaneous Abortions, Miscarriages, Stillbirths, and Fetal Deaths	d. Induced Abortions
Number _____ None 00 ☐	Number _____ None 00 ☐	Number _____ None 00 ☐	Number _____ None 00 ☐

COMPLICATION(S) REQUIRING TREATMENT

11. Patient Condition(s) Requiring Treatment: (Check all that apply)

☐ 1 Pelvic Infection
☐ 2 Hemorrhage
☐ 3 Damage to Pelvic Organs
☐ 4 Renal Failure
☐ 5 Metabolic disorder
☐ 6 Shock
☐ 7 Embolism
☐ 8 Coma
☐ 9 Death
☐ 10 Other, Specify _____

AMOUNT BILLED FOR SERVICES RENDERED AND ENTITY BILLED
(CODES MUST DISTINGUISH TREATMENT FOLLOWING INDUCED ABORTIONS FROM TREATMENTS FOLLOWING ECTOPIC OR MOLOR PREGNANCIES)

ATTACH ADDITIONAL SHEET AS NEEDED

12. ICD-10 Code	13. Amount Billed:	14. Entity Billed: (Medicaid, Insurance, Private Pay, Other)

MEDICAL INFORMATION FOR TERMINATION RESULTING IN REPORTABLE COMPLICATIONS

Month Day Year

15 Date Termination Performed: _____

16. Facility Where Induced Termination was Performed: (Name and Address)

_____

17.Type of Termination Procedure (Check only one)

- □ 1 Suction curettage
- □ 2 Medical/Non-surgical – Mifepristone (RU486, Mifeprex)
  - □ Other Medical Nonsurgical (Specify) _____
- □ 3 Dilation and Evacuation (D&E)
- □ 4 Intrauterine instillation (Saline, Prostaglandin)
- □ 5 Sharp Curettage (D&C)
- □ 6 Hysterotomy/Hysterectomy
- □ 7 Other (Specify) _____
- □ 9 Unknown

PERSON COMPLETING REPORT

18. Name and Title: (Type or Print)

19. Telephone Number

INSTRUCTIONS FOR REPORTING COMPLICATION(S) RESULTING FROM INDUCED TERMINATION OF PREGNANCY

DEFINATION: Abortion – the intentional termination of pregnancy with the intention other than to produce a live-born infant or to remove a dead fetus. Medical treatment means but is not limited to hospitalization, laboratory tests, surgery, or prescription drugs.

REPORTING REQUIREMENTS OF MISSISSIPPI STATE DEPARTMENT OF HEALTH:

Coverage	A physician shall file a written report with the State Department of Health regarding each patient who comes under the physician's professional care and requires medical treatment or suffers death that the attending physician has a reasonable basis to believe is a primary, secondary, or tertiary result of an induced abortion.
Time Allowed	Submit each report within thirty (30) days of the visit, discharge or death of the patient treated for the complication.
Responsibility for Reporting	The attending physician is responsible for reporting.
Reporting Address	Send completed reports to: Mississippi State Department of Health Vital Records P. O. Box 1700 Jackson, MS 39215-1700
	For additional forms or further information, write to Vital Records, visit www.msdh.ms.gov or call 601-206-8200.

CONFIDENTIALITY:

Although the State Department of health requires all complication(s) resulting from induced terminations of pregnancy to be reported, it does not require the patient be identified by name, address, social security number or motor operator's license number or other information or identifiers making it possible to identify an individual who has obtained an abortion. The Department shall summarize aggregate data from the reports for purposed of inclusion into the annual Vital Statistics Report.

SPECIFIC INSTRUCTIONS:

Item 3.	If the patient was seen in a physician's office which does not have a clinic name, use the name of the physician, for example, "Dr. Smith's office.
Item 5.	The state and county shown should be the actual location of the patient's home regardless of the mailing address. For example, if a patient lives in Rankin County and her mailing address is a rural route out of Jackson, the county listed should be Rankin even though the city of Jackson is in Hinds County. The same rule applies if an out-of-state address is involved. For example, if a patient whose home is in Marshall County, Mississippi has a Collierville, Tennessee mailing address, Mississippi and Marshall County should be listed as state and county residence, but the city can be listed as Collierville, Tennessee, outside.
Item 6	Check one or more races to indicate what the patient considers herself to be.
Item 8.	If patient is separated from her husband but not divorced, check Yes.
Item 9.	Check the box that best describes the highest level of education.
Item 10.	All four sections be must be completed either by entering a number or by checking None. Do not use dashes or other symbols which have no specific meaning.
Item 13.	This should include charges for physician, hospital, emergency room, prescription or other drugs, laboratory tests and any other costs for the treatment rendered.
Item 16.	If the procedure was performed in a physician's office which does not have a clinic name, use the name of the physician, for example, "Dr. Smith's office."
Item 17.	Check only one procedure. If more than one procedure was used, check the one which, in the attending physician's judgement is the primary on that actually terminated the pregnancy.
Item 18.	No signature is required. Enter name for reference in case record is incomplete or requires clarification.