

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
ABORTION REPORT

CORRECTION

No.

1a. RESIDENCE OF PATIENT – CITY OR TOWNSHIP		1b. COUNTY		1c. STATE		2a. RACE OF PATIENT -- American Indian, Asian, Black, White, Pacific Islander		2b. HISPANIC ORIGIN? 1 ___ YES 2 ___ NO					
3. AGE OF PATIENT	4. MARITAL STATUS ___ MARRIED ___ NOT MARRIED	5. NUMBER OF PREVIOUS PREGNANCIES CARRIED TO TERM NONE ___	6. NUMBER OF PREVIOUS PREGNANCIES ENDING IN MISCARRIAGE OR SPONTANEOUS ABORTION NONE ___	7. NUMBER OF PREVIOUS PREGNANCIES TERMINATED BY INDUCED ABORTION NONE ___	8. FIRST DAY OF LAST NORMAL MENSTRUAL PERIOD (MONTH, DAY, YEAR)		9. GESTATIONAL AGE IN WEEKS						
10. METHOD USED TO CONFIRM PREGNANCY 1 ___ HOME URINE TEST 2 ___ CLINICAL LAB URINE TEST 3 ___ CLINICAL LAB BLOOD TEST 4 ___ ULTRA SOUND 5 ___ NOT TESTED 8 ___ OTHER - <u>*SPECIFY BELOW</u> * 9 ___ UNKNOWN			11. SOURCE OF REFERRAL 1 ___ PHYSICIAN 2 ___ SELF (TV, RADIO, ETC.) 3 ___ FRIEND OR FAMILY 4 ___ CLERGY 5 ___ SOCIAL AGENCY 6 ___ HEALTH DEPARTMENT 7 ___ FAMILY PLANNING AGENCY 8 ___ OTHER - <u>*SPECIFY BELOW</u> *			12. PROCEDURE (INDICATE ALL) 1 ___ SUCTION CURETTAGE 2 ___ MEDICAL (NONSURGICAL) 3 ___ DILATION AND EVACUATION (D&E) 4 ___ SALINE OR PROSTAGLANDIN 5 ___ SHARP CURETTAGE (D&C) 6 ___ HYSTEROTOMY/HYSTERECTOMY 8 ___ OTHER - <u>*SPECIFY BELOW</u> *			13. IMMEDIATE COMPLICATIONS (INDICATE ALL) 0 ___ NONE 1 ___ SHOCK 2 ___ UTERINE PERFORATION 3 ___ CERVICAL LACERATION 4 ___ HEMORRHAGE 5 ___ ALLERGIC RESPONSE 6 ___ INFECTION 7 ___ DEATH 8 ___ OTHER - <u>*SPECIFY BELOW</u> *				
14. DID FETUS SHOW EVIDENCE OF LIFE WHEN SEPARATED, EXPELLED OR REMOVED FROM THE WOMAN? 1 ___ YES 2 ___ NO			15. WEIGHT OF FETUS (IF DETERMINABLE) _____ GRAMS ___ NOT DETERMINABLE			16. DATE ABORTION PERFORMED (MONTH, DAY, YEAR)			17. SOURCE AND METHOD OF PAYMENT 1 ___ SELF PAY 2 ___ INSURANCE (SPECIFY)				
18. FACILITY WHERE ABORTION PERFORMED – TYPE OF FACILITY 1 ___ HOSPITAL 2 ___ HOSPITAL SATELLITE CLINIC 3 ___ FREE STAND. OUTPATIENT SURGICAL FACIL. 4 ___ PHYSICIAN'S PRIVATE OFFICE 8 ___ OTHER - <u>*SPECIFY BELOW</u> *				19a. FACILITY LOCATION – CITY, VILLAGE OR TOWNSHIP				19b. COUNTY		20a. PHYSICIAN LICENSE NUMBER		20b. SIGNATURE OF PHYSICIAN	

Mail to: Vital Records and Health Statistics Section
Attn: Nosology Unit
P.O. Box 30691
Lansing, MI 48909

INSTRUCTIONS

A physician who performs an abortion, being the intentional use of an instrument, drug, or other substance or device to terminate a woman's pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead fetus, is required by section 2835 Public Act 368 of 1978 to report the event to the Department of Community Health within 7 days. Such reports are confidential statistical reports. No information other than that called for by this form is to be reported. Failure to provide the required information is a misdemeanor punishable by imprisonment of not more than 1 year or a fine of not more than \$1,000.00 or both.

In completing this form enter the appropriate response in the space provided, or check the appropriate box. For the purposes of completing this report the following definitions should be used:

Item 5 -- "pregnancies carried to term" describes pregnancies of 37 weeks gestational age or longer, regardless of outcome.

Item 6 -- "miscarriage or spontaneous abortion" is defined as non-induced terminations of pregnancy of less than 20 completed weeks gestational age, regardless of outcome.

Item 14 -- "evidence of life is constituted by breathing, beating of the heart, pulsation of the umbilical or definite movement of muscles.

(Note that the fetus showing such evidence of life is reportable as a live born.)

Correction to previously forwarded reports can be made by checking the box marked "correction" indicating the information to be changed as it should be reported.