Oregon Health Authority
Center for Health Statistics

PATIENT ID NUMBER: _____ (*Patient ID/Facility Chart/Case No.*)	DATE TERMINATION PERFORMED: / / (Month/Day/Year)

REPORT OF INDUCED TERMINATION OF PREGNANCY

Facility Worksheet

1. CLINICAL ESTIMATION OF GESTATIONAL AGE
_____ completed weeks

2. NAME OF FACILITY OF TERMINATION: _____

3. LOCATION OF TERMINATION: _____
(City) (County) (State) (ZIP)

4. Primary procedure that terminated this pregnancy (check only one):

☐ Suction Curettage ☐ Medical – Mifepristone ☐ Other medical (Non-surgical); specify medication(s): _____

☐ Dilation and Evacuation (D & E) ☐ Vaginal Prostaglandin ☐ Sharp Curettage (D & C) ☐ Hysterotomy/Hysterectomy

☐ Other (specify): _____

5. Other procedures used for this termination (check all that apply):

☐ Suction Curettage ☐ Medical – Mifepristone ☐ Other medical (Non-surgical); specify medication(s): _____

☐ Dilation and Evacuation (D & E) ☐ Vaginal Prostaglandin ☐ Sharp Curettage (D & C) ☐ Hysterotomy/Hysterectomy

☐ Other (specify): _____

6. WAS FOLLOW-UP VISIT RECOMMENDED? ☐ Yes ☐ No

7. WAS POST-OPERATIVE/AFTER-CARE INFORMATION PROVIDED? ☐ Yes ☐ No

8. Were there complications at the **time of the procedure?** ☐ Yes ☐ No

If yes, specify complications (check all that apply):

☐ Hemorrhage ☐ Infection ☐ Uterine perforation ☐ Cervical laceration
☐ Retained products ☐ Failure of first method ☐ Other (specify) _____

9. AT TIME OF COMPLETION OF THIS REPORT, HAD FOLLOW-UP VISIT OCCURRED **AT THIS FACILITY**?
☐ Yes ☐ No ☐Unknown

If **yes**, specify complications (check all that apply)

9a. COMPLICATIONS
☐ None ☐ Hemorrhage ☐ Infection ☐ Uterine perforation ☐ Cervical laceration
☐ Retained products ☐ Failure of first method ☐ Other (specify):_____

10. AT TIME OF COMPLETION OF THIS REPORT, HAD FOLLOW-UP VISIT OCCURRED **OUTSIDE THIS FACILITY**?
☐ Yes ☐ No ☐Unknown

If **yes**, specify location of follow-up visit **AND** complications (check all that apply)

10a. TYPE OF LOCATION OF FOLLOW-UP VISIT:
☐ Physician's Office ☐ Clinic ☐ Hospital ☐ Other (specify): _____

10b. COMPLICATIONS:
☐ None ☐ Hemorrhage ☐ Infection ☐ Uterine perforation ☐ Cervical laceration
☐ Retained products ☐ Failure of first method ☐ Other (specify):_____