Illinois Department of PUBLIC HEALTH

Pat Quinn, Governor
LaMar Hasbrouck, MD, MPH, Director

925 East Ridgely Avenue • Springfield, Illinois 62702-2737 • www.idph.state.il.us

Memorandum

TO: Physicians and related staff who perform Termination of Pregnancies or treat women with complications resulting from a Termination of Pregnancy

FROM: LaMar Hasbrouck, MD, MPH, Director

DATE: February 22, 2013

SUBJECT: New Rules – Required forms

This memorandum is to inform you that the Illinois Administrative Code, Part 505 Pregnancy Termination Report Code, has been revised. The new rules took effect on January 24, 2013 and were published on February 8, 2013 as, **TITLE 77: PUBLIC HEALTH, CHAPTER I: DEPARTMENT OF PUBLIC HEALTH, SUBCHAPTER e: VITAL RECORDS. PART 505, PREGNANCY TERMINATION REPORT CODE**
(http://www.ilga.gov/commission/jcar/admincode/077/07700505sections.html)

As a result of the new rule, an existing form was modified and an additional form created.

Attached are both forms: the "***Report of Induced Termination of Pregnancy***" form, which was slightly modified, to be used when you perform a termination of pregnancy, and the newly-created form "***Report of Subsequent Complications after an Induced Termination of Pregnancy***", to begin using immediately to report all complications from women who have had an induced termination of pregnancy and are seeking your professional services. Both forms must be submitted to this Department within the time limits established in the new rule.

The forms are self explanatory but if you have any questions please send them to dph.vitals@illinois.gov. We will promptly respond.

If you would like to receive the form electronically as a form filled PDF, please email us at dph.vitals@illinois.gov and provide your preferred electronic address.

Thank you.

State of Illinois
Illinois Department of Public Health

INDUCED TERMINATION OF PREGNANCY REPORT

COMPLETE THIS FORM AND MAIL IT TO:
Illinois Department of Public Health, Division of Vital Records
925 E. Ridgley Ave., Springfield, IL 62702-2737
(All information submitted shall be confidential pursuant to the Pregnancy Termination Report Code (77 III. Adm. Code 505))

1. FACILITY NAME (If not ambulatory surgical treatment centers, hospitals, and other facilities, give address)

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

3. PATIENT IDENTIFICATION NUMBER

4. REPORTING PHYSICIAN'S IDFPR LICENSE NUMBER

5. PATIENT INFORMATION

a. RESIDENT STATE (See State Code Table)

b. COUNTY (See County Code Table)

c. ZIP CODE (Chicago Only) 606

6. RACE / ETHNICITY

a. RACE

❑ White ❑ Black or African American ❑ American Indian or Alaska Native (Name of the enrolled principal tribe) _____
❑ Asian Indian ❑ Chinese ❑ Filipino ❑ Japanese ❑ Korean ❑ Vietnamese ❑ Other Asian (Specify) _____
❑ Native Hawaiian ❑ Guamanian or Chamorro ❑ Samoan ❑ Other Pacific Islander (Specify) _____

b. HISPANIC ORIGIN

❑ No, not Spanish/Hispanic/Latina ❑ Mexican, Mexican American, Chicana ❑ Puerto Rican ❑ Cuban
❑ Other Spanish/Hispanic/Latina _____

7. AGE LAST BIRTHDAY

8. MARRIED/ CIVIL UNION? ❑ Yes ❑ No

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

a. NOW LIVING (Number)

b. NOW DEAD (Number)

OTHER TERMINATIONS

c. SPONTANEOUS (Number)

d. 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

a. PROCEDURE THAT TERMINATED PREGNANCY (Check only one)		b. ADDITIONAL PROCEDURES USED FOR THIS TERMINATION, IF ANY
☐	Antiprogestins (such as Mifepristone)	☐
☐	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?

❑ Yes ❑ No **Check all that apply.**

Hemorrhage Uterine Perforation Anesthesia Retained Products Cervical Laceration Infection Death Other (Specify) _____

18. HOSPITALIZATION REQUIRED AS A RESULT OF COMPLICATION(S)? ❑ Yes ❑ No

19. THIS IS A CORRECTED VERSION OF A PREVIOUSLY SUBMITTED FORM ❑ Yes

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State of Illinois
Illinois Department of Public Health

REPORT OF SUBSEQUENT COMPLICATIONS AFTER AN INDUCED TERMINATION OF PREGNANCY

COMPLETE THIS FORM AND MAIL IT TO:
Illinois Department of Public Health, Division of Vital Records
925 E. Ridgley Ave., Springfield, IL 62702-2737
(All information submitted shall be confidential pursuant to the Pregnancy Termination Report Code (77 Ill. Adm. Code 505))

1. FACILITY NAME AND ADDRESS WHERE COMPLICATION WAS DIAGNOSED

2. PATIENT IDENTIFICATION NUMBER

3. REPORTING PHYSICIAN'S IDFPR LICENSE NUMBER

4. PATIENT INFORMATION

a. RESIDENT STATE (See State Code Table)

b. COUNTY (See County Code Table)

c. ZIP CODE (Chicago Only) 606

5. RACE / ETHNICITY

a. RACE

❑ White ❑ Black or African American ❑ American Indian or Alaska Native (Name of the enrolled principal tribe) _____

❑ Asian Indian ❑ Chinese ❑ Filipino ❑ Japanese ❑ Korean ❑ Vietnamese ❑ Other Asian (Specify) _____

❑ Native Hawaiian ❑ Guamanian or Chamorro ❑ Samoan ❑ Other Pacific Islander (Specify) _____

b. HISPANIC ORIGIN

❑ No, not Spanish/Hispanic/Latina ❑ Mexican, Mexican American, Chicana ❑ Puerto Rican ❑ Cuban

❑ Other Spanish/Hispanic/Latina _____

6. AGE LAST BIRTHDAY

7. MARRIED/CIVIL UNION? ❑ Yes ❑ No

8. DATE OF PREGNANCY TERMINATION MO DAY YR

9. COMPLICATIONS OF PREGNANCY TERMINATION?

Check all that apply.

Hemorrhage | Uterine Perforation | Anesthesia | Retained Products | Cervical Laceration | Infection | Death | Other (Specify) _____

10. HOSPITAL ADMISSION REQUIRED ON DATE OF EXAMINATION? ❑ Yes ❑ No

11. FACILITY NAME OR LOCATION (IF KNOWN) WHERE THE ABORTION WAS PERFORMED

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