

TYPE
ON PRINT
IN
PERMANENT
INK

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Office of Health Care Enforcement
Curie State Office Building
1000 W Jackson, Suite 130
Topeka, Kansas 66612-1264
785-295-6627



RECORD OF INDUCED TERMINATION OF PREGNANCY

STATE FILE NUMBER

INSTRUCTIONS
see
HANDBOOK

[Redacted]			
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	D. EDUCATION (Specify only highest grade completed)	
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	11. CLINICAL ESTIMATE OF GESTATION (in weeks)	12. PREVIOUS PREGNANCIES (Complete Birth Section)	[Redacted]
[Redacted]	23	[Redacted]	[Redacted]
13. TERMINATION PROCEDURE			
[Redacted]			

If clinical estimate of gestational age is 23 weeks or more of a Partial Birth Procedure is performed complete
Partial Birth Procedure as defined by 1994 SUPP KSA 45-6721.

COPY

HAS FETUS VIABLE? YES NO

REASONS FOR THE DETERMINATION.

No reasonable probability at this gestational age.

COMPLETE 16a-c ONLY IF 15a IS YES

16a. WAS THIS ABORTION NECESSARY TO
(CHECK ALL THAT APPLY)

- PREVENT PATIENT'S DEATH
 PREVENT SUBSTANTIAL AND IRREVERSIBLE IMPAIRMENT OF A MAJOR BODILY FUNCTION

16b. REASONS FOR DETERMINATION

16c. BASIS FOR DETERMINATION

COPY

17a. HAS FETUS VIABLE? YES NO

17b. REASONS FOR THE DETERMINATION

COMPLETE 18a-b ONLY IF 17a IS YES

18a. WAS THIS ABORTION NECESSARY TO
(CHECK ALL THAT APPLY)

- PREVENT PATIENT'S DEATH
 PREVENT SUBSTANTIAL AND IRREVERSIBLE IMPAIRMENT OF A MAJOR BODILY FUNCTION
IF SO, WAS THE IMPAIRMENT
 PHYSICAL
 MENTAL

18b. REASONS FOR DETERMINATION

TYPE
OR PRINT
IN
PERMANENT
INK

Office of Health Care Information
State Office Building, Suite 150
1800 SW Jackson
Topeka, Kansas 66612-1254
785-298-8887

REPORT OF INDUCED TERMINATION OF PREGNANCY

STATE FILE NUMBER

INSTRUCTIONS
SEE
HANDBOOK

[Redacted]			
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	8. EDUCATION (Specify only highest grade completed)	
[Redacted]	[Redacted]	[Redacted]	[Redacted]
11. CLINICAL ESTIMATE OF GESTATION (Weeks) * 23	12. PREVIOUS PREGNANCIES (Complete Each Section)		
	LIVE BIRTHS		
	[Redacted]	[Redacted]	[Redacted]

13. TERMINATION PROCEDURES

[Redacted]

*If clinical estimate of gestational age is 22 weeks or more or a Partial Birth Procedure is performed complete
reverse side of form.
Partial Birth Procedure as defined by 1998 SSB-USA 88-8721.

COMPLETION DATE: _____
HOSPITAL: _____

16a. WAS FETUS VIABLE YES NO

REASONS FOR THE DETERMINATION:

NO REASONABLE PROBABILITY AT THIS GESTATIONAL AGE.

COMPLETE 16a-c ONLY IF 16a IS YES

16b. WAS THIS ABORTION NECESSARY TO
(Check all that apply)

- PREVENT PATIENT'S DEATH
- PREVENT SUBSTANTIAL AND IRREVERSIBLE IMPAIRMENT OF A MAJOR BODILY FUNCTION

16c. REASONS FOR DETERMINATION

16c. BASIS FOR DETERMINATION

COMPLETION DATE: _____
HOSPITAL: _____

17a. WAS FETUS VIABLE YES NO

17b. REASONS FOR THE DETERMINATION

COMPLETE 18a-b ONLY IF 17a IS YES

18a. WAS THIS ABORTION NECESSARY TO
(Check all that apply)

- PREVENT PATIENT'S DEATH
- PREVENT SUBSTANTIAL AND IRREVERSIBLE IMPAIRMENT OF A MAJOR BODILY FUNCTION
IF SO, WAS THE IMPAIRMENT
 - PHYSICAL
 - MENTAL

18b. REASONS FOR DETERMINATION