FORM 1

(Regulation 2)

Health Act 1911

Health (Section 335 (5) (d) Abortion Notice) Regulations 1998

Notification by Medical Practitioner of Induced Abortion

To Executive Director, Public Health

Under section 335 (5) (d) of the Health Act 1911, I, ___________________________________
(please print full name)

provide notice[1] of an abortion I performed at ____
(address where procedure was performed)

on ______________________
(date of abortion)

1. Gestational age at date of abortion (best estimate): ____________ weeks

2. Method of termination: (tick one or more)

Vacuum aspiration (suction curettage)	☐	(1)
Dilatation and curettage (sharp)	☐	(2)
Dilatation and evacuation	☐	(3)
Vaginal prostaglandin or analogue instillation	☐	(4)
Other (specify)	☐	(5)

3. Reason for termination of pregnancy: (tick one)

Reason other than fetal abnormality	☐	(1)
Suspected fetal abnormality	☐	(2)
Actual fetal abnormality	☐	(3)
Specify if known ____		
Selective reduction of multiple pregnancy	☐	(4)

4. Patient's age (last birthday): _________________ years

5. Origin of patient

Aboriginal but not Torres Strait Islander origin	☐	(1)
Torres Strait Islander but not Aboriginal origin	☐	(2)
Aboriginal and Torres Strait Islander origin	☐	(3)
Neither Aboriginal nor Torres Strait Islander origin	☐	(4)
Not stated	☐	(5)

6. Postcode of residence of patient: _____________

Signature ____________________________________**Date**: ____________________________
(Signature of Medical Practitioner)

Notes

1. As required by section 335 (5) (d) of the Health Act 1911 notice must be given **within 14 days** of the abortion being performed.

Forward completed form (top copy), marked **Private & Confidential**, to Manager, Maternal and Child Health Unit, Department of Health, WA, Reply Paid 70042 (Delivery to Locked Bag 52) PERTH BC WA 6849

Duplicate (yellow copy) to be retained by medical practitioner

__Form 1__ last updated on 21/01/2009