



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMPLICATION REPORT FOR POST-ABORTION CARE

PATIENT	1A. PATIENT NUMBER	1B. DATE OF BIRTH (MO/DAY/YR)	1C. RESIDENCE-STATE	1D. COUNTY	1E. CITY, TOWN OR LOCATION	2. DATE OF ABORTION (MO/DAY/YR)	
	FACILITY WHERE ABORTION WAS PERFORMED		3A. FACILITY NAME		3B. STREET ADDRESS	3C. CITY, TOWN OR LOCATION	3D. STATE
FACILITY REPORTING COMPLICATION	4A. FACILITY NAME		4B. STREET ADDRESS		4C. CITY, TOWN OR LOCATION		4D. STATE
	5A. WAS PATIENT PREVIOUSLY SEEN AT ANOTHER FACILITY FOR POST-ABORTION CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO		5B. IF YES, NAME OF FACILITY	5C. STREET ADDRESS		5D. CITY, TOWN OR LOCATION	5E. STATE
6. COMPLICATIONS (PLEASE CHECK ALL THAT APPLY)				7. RESULT OF COMPLICATION (PLEASE CHECK ALL THAT APPLY)			
<input type="checkbox"/> Incomplete Abortion <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Endometritis <input type="checkbox"/> Parametritis <input type="checkbox"/> Pyrexia <input type="checkbox"/> Abscess, Pelvic <input type="checkbox"/> Uterine Perforation <input type="checkbox"/> Failed Abortion, Pregnancy Undisturbed <input type="checkbox"/> Retained Products <input type="checkbox"/> Cervical Lacerations <input type="checkbox"/> Psychiatric <input type="checkbox"/> Other (Describe): _____				<input type="checkbox"/> Hysterectomy <input type="checkbox"/> Death of Woman <input type="checkbox"/> Transfusion <input type="checkbox"/> Other (Describe): _____			
				8. WAS PATIENT HOSPITALIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
				IF YES, NAME OF HOSPITAL			
				HOSPITAL - STREET ADDRESS			
				HOSPITAL - CITY, TOWN, LOCATION			
PHYSICIAN PROVIDING CARE							
9A. NAME OF PHYSICIAN (TYPE OR PRINT)			9B. SIGNATURE OF PHYSICIAN			10. DATE OF THIS POST-ABORTION CARE (MO/DAY/YR)	

Within 45 days from the date of post-abortion care for complication, submit this form to: **Department of Health and Senior Services**
Attention: Bureau of Vital Records
P.O. Box 570
Jefferson City, MO 65012