

New Mexico Vital Records and Health Statistics	<b>Report of Induced Termination of Pregnancy</b> <i>The information collected on this form is for Statistical Purposes Only</i>	Shaded area for State use only	PID
			CID
			SFN
			FD

It is a felony to disclose any information from or to make of copy of a completed New Mexico Report of Induced Termination of Pregnancy Form (this form)

**Patient Information**

Age:	Marital Status (circle one): Married      Single      Unknown		
Highest Education Level Completed (Check one)	8 grade or less 9-12 grade; no diploma High School graduate or GED Some college credit, no degree Associate Degree	Bachelor's degree Master's degree Doctorate or Professional degree Unknown	
Residence City:	County:	State:	Inside City Limits: Yes No Unknown
Hispanic Origin (check one)  No, Not Spanish Yes, Spanish Yes, Mexican, Mexican American, Chicano Yes, Puerto Rican Yes, Cuban Yes, Latino Yes, Hispanic Other (list) _____ Unknown		Race(s) (check one)  White Black/ African American Native American, specify tribe _____  Asian Indian Chinese Filipino Japanese Korean  Vietnamese Other Asian Native Hawaiian Guamanian/Chamorro Samoan Other Pacific Islander Other _____ Unknown	
Previous Live Births (do not include this pregnancy)  # now living _____      # now deceased _____ None living      none deceased Unknown      unknown		Other Terminations (please include miscarriage and fetal demise, do not include this pregnancy)  # spontaneous _____      # induced _____ None      None Unknown      Unknown	

**Medical Information**

Type of Facility	Hospital	Clinic	Physician's Office	Other
City: Albuquerque	County: Bernalillo	State: NM	Country: United States of America	
Date of Termination: _____ mm    dd    yyyy	Date last normal Menses began _____ mm    dd    yyyy	Physician estimate Of gestational age _____ weeks		
Procedure that terminated this pregnancy				
Suction Curettage	Prostaglandin	Non-Surgical Methotrexate		
Dilation and Evacuation	Hysterectomy	Non Surgical Other _____		
Sharp Curettage	Hysterotomy	Other _____		
Saline	Non- Surgical Mifepristone	Unknown		
Procedure Performed By      MD    DO				



**NOTE:** The information on this form is for **STATISTICAL PURPOSES ONLY**. It is a felony to disclose any information from or to make a copy of a completed **NEW MEXICO REPORT OF INDUCED TERMINATION OF PREGNANCY** form.

**DO NOT** complete a **REPORT OF INDUCED TERMINATION OF PREGNANCY** if there existed an intent to produce a live birth or remove a dead fetus; instead, use a **CERTIFICATE OF LIVE BIRTH** or a **REPORT OF FETAL DEATH**, as applicable.

**PLEASE COMPLETE ALL SECTIONS**

**FACILITY**

1a. TYPE of FACILITY WHERE TERMINATION OCCURRED. (check one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> CLINIC <input type="checkbox"/> PHYSICIAN'S OFFICE <input type="checkbox"/> OTHER (specify): _____	1b. CITY, TOWN OR LOCATION Of Pregnancy Termination  Albuquerque	1c. County Of Pregnancy Termination  Bernalillo
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**PATIENT**

2a. AGE of PATIENT	2b. MARRIED?  <input type="checkbox"/> YES <input type="checkbox"/> NO	3. EDUCATION (circle highest grade completed) 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+ <input type="checkbox"/> Unknown	4. DATE of Pregnancy Termination  ____/____/____ Mo. Day Yr.
5a. RESIDENCE; State	5b. County	5c. City, Town or Location	5. Inside City Limits?  <input type="checkbox"/> Yes <input type="checkbox"/> No
6a. RACE <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native American- Specify Type _____ <input type="checkbox"/> Other- Specify: _____	6b. PATIENT of HISPANIC ORIGIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES specify: <input type="checkbox"/> Cuban <input type="checkbox"/> Spanish <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Mexican <input type="checkbox"/> Other- Specify: _____	7. Date last normal menses began  ____/____/____ Mo. Day Yr.	

**PREVIOUS PREGNANCIES**

LIVE BIRTHS	OTHER TERMINATIONS
8a. Number now living _____ <input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN	8c. Number spontaneous _____ <input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN
8b. Number now dead _____ <input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN	8d. Number induced _____ <input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN (Do not include this termination)

**TERMINATION PROCEDURE**

9. Procedure that Terminated Pregnancy (check only one)  <input type="checkbox"/> Suction Curettage <input type="checkbox"/> Sharp Curettage (D&C) <input type="checkbox"/> Dilatation and Evacuation (D&E) <input type="checkbox"/> Intra-Uterine Instillation (Saline or Prostaglandin) <input type="checkbox"/> Hysterectomy/Hysterotomy <input type="checkbox"/> Medical (Nonsurgical), Specify Medication(s) <u>MIFEPRISTONE/MISOPROSTOL</u> <input type="checkbox"/> Other (specify) _____		
10. Physician's estimate of gestation  _____ WEEKS	11. Procedure performed by  <u>X</u> M.D. <input type="checkbox"/> DO.	12. Name and address of individual preparing this report (type or print)*  The University of New Mexico Center for Reproductive Health 1701 Moon St. NE, Suite 200, ABQ., NM 87112