

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 Health¹

Under section 335 (5) (d) of the *Health Act 1911* I,

(please print full name)

provide notice² of an abortion which 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

(Signature of Medical Practitioner)

Date:

Notes

1. Executive Director, Public Health, PO Box 8172, Stirling Street, Perth 6849
2. 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) to Executive Director, Public Health
Duplicate (yellow copy) to be retained by medical practitioner*