Schedule 1

[r. 2]

Form 1

Health Act 1911

Notification by Medical Practitioner of Abortion

To Executive Director, Public Health

Under section 335(5)(d) of the *Health Act 1911* I *[full name of medical practitioner to be inserted]* of *[address of practice to be inserted]* provide notice of an abortion I performed on *[date of abortion to be inserted]*.

1.	Sing	le/multiple pregnancy:	Single Multipl	□ e □ ⇒	Number aborted
2.	Gestation age at date of abortion (clinical estimate): weeks				
3.	If gestation age 20 or more weeks, name of approved facility at which abortion performed:				
4.	Sex	of foetus/foetuses (if know	vn):	Female Male	
5.	Was patient: (circle one)				
	(a)	a) under 16 years of age			
	(b)	between 16 and 19 years of age			
	(c)	between 20 and 29 years of age			
	(d)	between 30 and 39 years of age			
	(e)	40 years of age or over			
6.	Method of termination (circle one)				
	(a)	dilatation and curettage			
	(b)	hysterotomy — abdominal			
	(c)	hysterotomy — vaginal			
	(d)	hysterectomy			
	(e)	vacuum aspiration			
	(f)	f) intra-uterine injection			
	(g)	intravenous infusion			
	(h) cervical prostaglandin instillation				
	(i)	dilatation and evacuatio	n		
	(j)	other (specify)	• • • • • • • • • • • • • • • • • • • •	•••••	••
Dat	e:			Cionoty	re of Medical Practitioner

By Command of the Governor,