Notification of termination of pregnancy

NOTE: This form is for health professional use only.
All questions are mandatory. The secure online notification system must be used, unless internet access is unavailable.

NSW GOVERNMENT

To comply with the Abortion Law Reform Act 2019, this form must be submitted to the NSW Ministry of Health within 28 days of a termination of pregnancy.

1. Date of termination of pregnancy (*or when medication prescribed*): _____ (*dd/mm/yyyy*)
2. Local health district in which the woman resides: _____
   To identify the woman's local health district, search for her town, suburb or postcode using the search icon at the top left hand side of this map. Then click on the highlighted section of the map. The name of the district will then be in the top left hand side of the screen in red.
3. Local health district where the termination was performed (*or where medication prescribed*):
   _____
   To identify the provider's local health district, please refer to the instructions in Question 2.
4. Age of the woman: ☐ 19 and under ☐ 20 – 24 ☐ 25 – 29 ☐ 30 – 34 ☐ 35 – 39 ☐ 40 – 44 ☐ 45 and over ☐ Unknown/not stated
5. Employment category of registered health practitioner:
   ☐ NSW Health ☐ Private provider ☐ Non-government organisation ☐ Other
6. Was the termination performed *(or medication prescribed)* in a:
   ☐ Public hospital ☐ Private hospital ☐ General practice
   ☐ Other community or non-hospital based service ☐ Other
7. Registered health practitioner category who performed (*or prescribed medication for*) termination of pregnancy.
   Please note that in NSW nurse practitioners and endorsed midwives can only perform medical terminations of pregnancy up to 9+0 weeks
   ☐ Medical practitioner ☐ Nurse practitioner ☐ Endorsed midwife
8. Gestation: ☐ Up to 9+0 weeks ☐ 9+1 to 14+0 weeks ☐ 14+1 to 22+0 weeks ☐ 22+1 weeks and above
9. Type of termination: ☐ Medical ☐ Surgical
10. Was the medication prescribed using virtual care?
    Please note this question is only applicable for medical terminations performed up to 9+0 weeks
    ☐ Yes ☐ No ☐ N/A

Submit completed form via email or fax to MOH-TOP-Notifications@health.nsw.gov.au within 28 days of a termination of pregnancy.

OFFICE USE ONLY:

Form number: _____ Date recieved: _____ (*dd/mm/yyyy*)

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