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Health Act 1911

Health (Section 335(5)(d) Abortion Notice) Amendment Regulations 2001

Made by the Governor in Executive Council.

1. Citation

These regulations may be cited as the Health (Section 335(5)(d) Abortion Notice) Amendment Regulations 2001.

2. Schedule 1 amended

Form 1 in Schedule 1 to the Health (Section 335(5)(d) Abortion Notice) Regulations 1998* is repealed and the following form is inserted instead —

“

FORM 1

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 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) | <input type="checkbox"/> |
| Dilatation and curettage (sharp) | <input type="checkbox"/> |
| Dilatation and evacuation | <input type="checkbox"/> |
| Vaginal prostaglandin or analogue instillation | <input type="checkbox"/> |
| Other (specify)..... | <input type="checkbox"/> |
3. **Reason for termination of pregnancy: (tick one)**
- | | |
|---|--------------------------|
| Reason other than fetal abnormality | <input type="checkbox"/> |
| Suspected fetal abnormality | <input type="checkbox"/> |
| Actual fetal abnormality | <input type="checkbox"/> |
| specify if known..... | |
| Selective reduction of multiple pregnancy | <input type="checkbox"/> |
4. **Patient's age (last birthday):**.....years
5. **Origin of patient**
- | | |
|--|--------------------------|
| Aboriginal but not Torres Strait Islander origin | <input type="checkbox"/> |
| Torres Strait Islander but not Aboriginal origin | <input type="checkbox"/> |
| Aboriginal and Torres Strait Islander origin | <input type="checkbox"/> |
| Neither Aboriginal nor Torres Strait Islander origin | <input type="checkbox"/> |
| Not stated | <input type="checkbox"/> |
6. **Postcode of residence of patient:**.....

Signature.....

[Signature of Medical Practitioner]

¹ Executive Director, Public Health, PO Box 8172, Stirling Street, Perth, 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

[*Published in Gazette 5 June 1998, pp. 3048-9.]

By Command of the Governor,

M. C. WAUCHOPE, Clerk of the Executive Council.