



For Vital Records Use Only

Date Received: ____/____/____

ITOP SFN: _____

Addendum for Minors Receiving Inducted Termination of Pregnancy

This form MUST be uploaded in LEERS to the Attachment Tab of the minor's ITOP Report

Pursuant to LA R.S. 40:1061.21

Date of Termination: _____ Patient Identification Number (if known): _____

Suspicion of Abuse or Neglect of Minor: **Y N** If yes, reported to: _____

Did Facility Refer Patient for Post-Abortion Counseling: **Y N**

Did Facility Refer Patient to Dept. of Health or Dept. of Children and Family Services for health services or other human services: **Y N**

Authorization for ITOP

Authorized Pursuant To: Parental Consent Judicial Bypass Order

For Judicial Bypass Orders Only

Judicial District Issuing Order: _____

Did the minor participate in an evaluation and counseling session: **Y N**

Check if any of the following apply: Court issued protective order for the minor
 Court provided court-appointed special advocate
 Court determined the minor was mature and capable of giving consent
 Court determined parental notification and consent was not in the best interest of the minor

Report Completed by (print name): _____

Signature: _____

Date: _____

After completing, this report must be uploaded in LEERS to the Attachment Tab of the minor's ITOP Report