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