Department of Health & Human Services
DHHS
NEBRASKA

Nebraska Department of Health and Human Services

Monthly Abortion Consent Report

For the Month of_____, 20_____

Neb. Rev. Stat. § 71-6909 requires a monthly report indicating the number of consents obtained and the number of times in which exceptions were made to the consent requirement under §§ 71-6901 to 71-6911.

Information is Required for Each Patient Seeking Abortion	Age of Pregnant Woman	Number of Prior Pregnancies for This Woman	Number of Prior Abortions for This Woman	Was Consent Obtained for This Abortion? Indicate YES or NO	Were Exceptions Made to Consent Requirement for this Abortion? Indicate YES or NO	The Type of Exceptions Made for this Consent
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						

Total Number of Consents Obtained for this Month (Add the Number of Consents to Obtain Total Number)_____

Total Number of Exceptions Made (Add the Number of Exceptions to Obtain Total Number)_____

Report must be filed with the State within fifteen (5) days of the end of the calendar month in which the abortion was performed.

_____

Name of Physician (type/print) Facility Address City, State, Zip County (type/print)

_____

Signature of Physician Initials of Person Completing Report & Phone Number (type/print)

Mail to: DHHS Vital Records, PO Box 95065, Lincoln, NE 68509-5065