

Personal information

1. Full name		2. ID number	
3. Permanent residence		4. Telephone number	5. Municipality
6. Changed or temporary address		7. Temporary municipality	
8. Citizenship			
9. Employment <input type="checkbox"/> Paid employment <input type="checkbox"/> Student <input type="checkbox"/> Home working <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed <input type="checkbox"/> Other		10. Education completed <input type="checkbox"/> Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> University	
11. Marital status according to the National Registry <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		12. Cohabitation <input type="checkbox"/> Cohabiting <input type="checkbox"/> Not cohabiting <input type="checkbox"/> Separated	
13. Name of biological father		14. Employment status of biological father <input type="checkbox"/> Paid employment <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed <input type="checkbox"/> Other	
15. ID number of biological father	16. Permanent residence of biological father		17. Municipality of biological father

Number of births and pregnancies

18. Births _____	19. Miscarriages _____	20. Abortions _____	21. Ectopic pregnancies _____	22. Children to provide for _____
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Contraception

23. <input type="checkbox"/> None	24. If any, then what type	25. Comments
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Reasons for applying for an abortion

26.

Abstract from Act No. 25/1975

Art. 9. Abortion is permitted:

1. Social reasons:

When it can be expected that pregnancy and birth of a child will prove too difficult for the woman and her closest family, for unmanageable social reasons. Under such circumstances the following points are to be considered:

- If the woman has already given birth to many children with short intervals and a short time has passed since her last birth.
- If the woman is living under poor conditions as a result of having many young children or due to severely impaired health of others living in the home.
- When the woman cannot fully take care of the child due to young age or immaturity.
- Other reasons, if they are fully comparable to those stated above.

2. Medical reasons:

- When it can be assumed that the woman's physical or mental health is endangered by continued pregnancy and by giving birth.
- When it can be assumed that the fetus is in danger of being born with a serious malformation, genetic disease or damage during the fetal stage.
- When a disease, physical or mental, seriously diminishes a woman's or a man's ability to take care of and raise a child.

3. Rape

If a woman has been raped or she has become pregnant as the result of some other punishable act.

Art. 12. Before an abortion can be performed the woman is to be informed about the risks involved in the procedure as well as about the social support available to her in the community. Information and guidance is to be provided in an unbiased manner.

Application by individual concerned

27. I apply for an abortion according to Act no. 25/1975.
28. I understand what the procedure involves. I have received information and guidance according to Art. 12 of Act No. 25/1975.

(Date and place)

(Signature of applicant)

(Signature of spouse/biological father)

Application by parent/legal guardian

29. I request that the person named below be allowed to undergo an abortion according to Act No. 25/1975.

Name

30. I understand what the procedure involves and have, along with the above-mentioned person, received information and guidance according to Art. 12 of Act No. 25/1975.

The applicant is A parent A legal guardian

(Place and date)

(Signature of parent/legal guardian)

Physical examination/Appointment

<p>31. First appointment</p> <p><input type="checkbox"/> Physician <input type="checkbox"/> In a hospital</p> <p><input type="checkbox"/> Social worker <input type="checkbox"/> Not in a hospital</p>	<p>32. Date of examination/appointment</p>	<p>33. Length of pregnancy</p> <p>_____ weeks _____ days</p> <p><input type="checkbox"/> According to gynecological examination <input type="checkbox"/> According to ultrasound examination</p>	<p>34. Information</p> <p><input type="checkbox"/> Information on contraception provided according to Art. 16</p>
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Legal grounds for the application

<p>35. Social reasons according to Art. 9.1.</p> <p><input type="checkbox"/> According to paragraph a) <input type="checkbox"/> According to paragraph b) <input type="checkbox"/> According to paragraph c) <input type="checkbox"/> According to paragraph d)</p> <p>Further information on social circumstances according to paragraph d)</p> <p><input type="checkbox"/> Unstable or no relationship with father of expected child <input type="checkbox"/> Problems related to finance/housing/employment <input type="checkbox"/> Education not completed <input type="checkbox"/> Personal difficulties/trauma</p> <p><input type="checkbox"/> Single mother <input type="checkbox"/> Problems related to family/cohabitation <input type="checkbox"/> Various health-related problems</p> <p><input type="checkbox"/> Other/further explanation _____</p>			
<p>36. Medical reasons according to article 9.2.</p> <p><input type="checkbox"/> According to paragraph a)</p> <p><input type="checkbox"/> According to paragraph b)</p> <p><input type="checkbox"/> According to paragraph c)</p>	<p>ICD-10 code</p> <p>_____</p>	<p>Name of disease</p> <p>_____</p>	
<p>37. Rape or other act according to Art. 9.3.</p> <p><input type="checkbox"/></p>			

Processing of application

<p>38. <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected</p> <p>(Place and date)</p> <p>_____ (Physician/Social worker) (Physician number/Social worker number)</p>	<p>39. <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected</p> <p>(Date and place)</p> <p>_____ (Hospital physician) (Physician number)</p>
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Decision of appeal committee

<p>40. Date</p> <p>_____</p>	<p>41. <input type="checkbox"/> Accepted Accepted according to: <input type="checkbox"/> Art. 9.1 <input type="checkbox"/> Art. 9.2 <input type="checkbox"/> Art. 9.3</p> <p><input type="checkbox"/> Rejected Reason for rejection</p> <p>_____</p>		
<p>(Signature)</p> <p>_____</p>	<p>(Signature)</p> <p>_____</p>	<p>(Signature)</p> <p>_____</p>	

Description of procedure

<p>42. Date of procedure</p> <p>_____</p>	<p>43. Name of hospital/clinic</p> <p>_____</p>	<p>44. Procedure performed by (physician's number)</p> <p>_____</p>	<p>45. Length of pregnancy</p> <p>_____ weeks _____ days</p>
<p>46. Type of procedure</p> <p><input type="checkbox"/> Vacuum aspiration/ Dilatation and Curettage <input type="checkbox"/> Prostaglandin <input type="checkbox"/> Prostaglandin and evacuation <input type="checkbox"/> Anti-hormone <input type="checkbox"/> Other</p>			<p>NCSF code(s)</p> <p>_____</p>
<p>47. Complications</p> <p><input type="checkbox"/> None <input type="checkbox"/> Haemorrhage > 500 ml <input type="checkbox"/> Uterine perforation <input type="checkbox"/> Repeated procedure required</p>			<p>ICD-10 cod(e) if complications</p> <p>_____</p>
<p>48. Simultaneous sterilization</p> <p><input type="checkbox"/></p>			

Forms and registration: According to Act No. 25/1975 on guidance and education on sex and childbirth and on abortions and sterilizations, an application for abortion is to be filled out using a form issued by the Medical Director of Health (Art. 13). Following the procedure, a report on its performance is to be completed using a form supplied by the Medical Director of Health. The completed report is to be sent to the office of the Medical Director of Health. Upon reception of the report, certain data is entered into a database. Variables are entered into the database like age, municipality, date and place of the procedure and its type. This is done to monitor the frequency of abortions in Iceland and for the purpose of education and guidance. The woman's ID number or other personal information is not recorded. In accordance with Art. 27, strictest confidentiality is observed while handling the form.