

FAMILY PRACTICE, GENERAL PRACTICE AND INTERNAL MEDICINE
(Addendum to Application for Physicians and Surgeons)

- 1.) Do you perform any cosmetic procedure? YES ___ NO ___
- 2.) Do you prescribe medication for purposes of medical (surgical) terminations of pregnancy? YES ___ NO ___
- 3.) If YES to question #2: (if NO, skip to questions #4 & #6)
- a) Do you have hospital privileges? YES ___ NO ___
 - b) Do you maintain 24 hour/7 day a week on call availability in case of emergencies? YES ___ NO ___
 - c) Do you have a backup agreement with a gynecologist with OR privileges in the event that significant complications occur with a medical termination of pregnancy? YES ___ NO ___
 - d) Do you confirm pregnancy by serum hCG prior to prescribing such medication? YES ___ NO ___
 - e) Do you verify intrauterine pregnancy and confirm gestational age via sonogram prior to prescribing such medication? YES ___ NO ___

If yes, who performs the sonogram? _____
 - f) Do you provide counseling and written instructions to patients before prescribing such medication? YES ___ NO ___
 - g) Do you obtain an informed consent from the patient before prescribing such medication? YES ___ NO ___
 - h) Do you have a system in place to monitor the return of these patients at the appropriate interval? YES ___ NO ___
- 4.) How many patients do you see per week? _____
- 5.) What percentage of these patients are seen for medical terminations of pregnancy? _____%
- 6.) Do you perform any other type of abortion in addition to/other than medical (surgical) terminations of pregnancy? (If yes, please explain) YES ___ NO ___

Signature

Date

Please Print Name