



**Queensland
Government**

**Termination of Pregnancy
Checklist (Non-Emergency)**

by a Registered Medical Practitioner after 22 Weeks

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Section 6 of the Termination of Pregnancy Act 2018 (Qld) provides that:

A medical practitioner (Treating Medical Practitioner) may perform a termination on a woman who is more than 22 weeks pregnant if –

- a. the medical practitioner (Treating Medical Practitioner) considers that, in all the circumstances, the termination should be performed; and
- b. the medical practitioner (Treating Medical Practitioner) has consulted with another medical practitioner (Consulting Medical Practitioner) who also considers that, in all the circumstances, the termination should be performed.

Actions Required (By both the Treating Medical Practitioner and the Consulting Medical Practitioner under section 6 of the *Termination of Pregnancy Act 2018*)

Initials
(Both Treating Medical Practitioner and Consulting Medical Practitioner)

The medical practitioner has considered the following:

Treating Medical Practitioner

Consulting Medical Practitioner

- Confirmed that the woman is more than 22 weeks pregnant

- All relevant medical circumstances
(Document these in the patient's progress notes)

- The woman's current and future physical, psychological and social circumstances
(Document these in the patient's progress notes)

- The professional standards and guidelines applicable to the medical practitioner in the performance of the termination
(Where relevant, document these in the patient's progress notes, or document these elsewhere)

Actions Required (By the Treating Medical Practitioner under section 6 of the *Termination of Pregnancy Act 2018*)

Initials
(Treating Medical Practitioner only)

- Consulted with another medical practitioner (Consulting Medical Practitioner)
(Document these in the patient's progress notes)

- Complete termination of pregnancy consent form(s)
(Place consent form(s) in the patient's progress notes)

Signature Log

Treating Medical Practitioner

Consulting Medical Practitioner

I have considered all of the circumstances, and consider that the termination of pregnancy:

I have considered all of the circumstances, and consider that the termination of pregnancy:

Should be performed

Should be performed

Should NOT be performed

Should NOT be performed

Name (print):

Name (print):

Signature:

Signature:

Date: / /

Date: / /

DO NOT WRITE IN THIS BINDING MARGIN

v1.00 - 11/2018



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TERMINATION OF PREGNANCY CHECKLIST (NON-EMERGENCY)