Logbook for Abortion Care Services

Serial No.	Date	Patient Chart #	Age of woman(yrs)	Gestation (wks)	Uterine size	Gravida	Para	No. of previous abortions	Reason for seeking care (TOP/PAC)	If reason is PAC, clinical stage of abortion **ic**=incomplete **t**=threatened **ie**=inevitable **m**=missed **c**=complete	If reason is PAC, presenting complications				Type of uterine evacuation procedure					Place of Procedure		Analgesic, Anesthesia, Sedation: drugs given & dose	Postabortion Contraception				Type of contraceptive Method/s supplied	Referred	Other treatment provided	Procedural Complications				Counseling, screening, diagnosis &/or treatment for other reproductive health needs		Remarks	Signature of service provider
											Minor	Serious	Death	None	MVA	Med Ab **1**=miso **2**=mife/miso	Rte. of admin. of miso (vag/sublingal, if applicable)	D&C	Other	Out-pt	In-pt		Counseled		Expressed desire					Minor	Serious	Death	None	Yes, list	No		
																								Yes	No	Yes	No											