

Affix Label Here

Client's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**Birth Control Method Check**

Reason for today's visit: \_\_\_\_\_ Age: \_\_\_\_\_

Are you still using your hormonal birth control method?  Yes  No

If not, when did you stop? \_\_\_\_\_ Why? \_\_\_\_\_

What birth control method are you using? \_\_\_\_\_

How long have you used this method? \_\_\_\_\_

What was the first day of your last menstrual period? \_\_\_\_\_

Was it normal (timing, amount of bleeding)?  Yes  No

Please indicate if you have had any of the following **since starting this method**:

Yes	No		Yes	No	
		Change in headaches			Nausea
		Chest pain			Severe abdominal pain
		Arm pain			Depression
		Leg pain			Yellowing of skin or eyes
		Visual changes			Bleeding between periods
		Numbness or tingly feeling			

Yes No

Do you have questions about your method?

Have you been late with or forgotten to use your contraception?

Are you on any medication other than birth control? If yes, list: \_\_\_\_\_

Have you had a new partner in the last three months?

Do you protect yourself from STIs? If yes, how? \_\_\_\_\_

Do you smoke cigarettes, cigars, pipes, or chew tobacco? How much per day? \_\_\_\_\_

Are you familiar with Emergency Contraception (EC) and that you can buy it without a prescription if you are over 18? Do you know when and how it can be used?

**FILL OUT THIS SECTION IF YOU ARE UNDER 18 YEARS OLD**

Yes No

Are your parent(s)/guardian(s) aware of your visit to Planned Parenthood of Maryland?

Are you in a relationship where you are being forced to have sex?

**CLIENT SIGNATURE**

TO THE BEST OF MY KNOWLEDGE, THIS INFORMATION IS COMPLETE AND CORRECT.

Client Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* Staff Use Only \*\*\***

**SUBJECTIVE (HPI) - Extended HPI**

**HCA COMMENTS**

Hx Reviewed HCA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CLINICIAN COMMENTS**

Hx Reviewed Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Affix Label Here

Client's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* Staff Use Only \*\*\*

REVIEW OF SYSTEMS

Table with 8 columns for system reviews: Allergic/Immuno, Constitutional, ENT, Skin, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Breast, Neuro, Psych, Hem / Lymph, Musculoskeletal. Each row includes checkboxes for 'negative', 'NA', and specific symptoms.

PAST / FAMILY / SOCIAL HISTORY

Table with 3 columns: Medical History, Family History, Social History. Each column contains checkboxes for 'N/A (unless method change)', 'No Change', and 'Changes include:'.

History reviewed from:  Past History Form: Date: \_\_\_/\_\_\_/\_\_\_

(Method Check = "pertinent PFSH"; Method Change = "complete PFSH")

OBJECTIVE (PE)

Table with 7 columns: Ht., Wt., BMI, BP,  A & O x 3,  NAD, UPT:  Pos  Neg  NA

ASSESSMENT

Table with 2 columns: Yes, No. Rows include: Appropriate to continue using \_\_\_\_\_; no contraindications; Desires to change method to \_\_\_\_\_; no contraindications; Appropriate for immediate use of EC; Smoker?

Other: \_\_\_\_\_

Education Done &/or Literature Given

Table with 2 columns: Client Information (CIs)\* (Male/Female Condoms, Instructions for use of Pill/Ring/Patch, Preg Testing, Eval & Options, Spermicide for Birth Control, Smoking Cessation, Calcium & Vitamin D, Iron-Rich Foods, Tips for Losing Weight, Contra Choices, STI Facts, GYN Visit) and Client Information for Informed Consents (CICs)\* (The Pill, The Ring, The Patch, Special Considerations, HOPE, DMPA, EC, POPs, Implants, IUC, IUC with Special Conditions, IUC Use Beyond Recommend, IUC in Place-Pregnant, Misoprostol for GYN Procedures, RX Barriers).

Other CICs:   
 \_\_\_\_\_   
 \_\_\_\_\_   
 \_\_\_\_\_

\*As of current year's MS&Gs

PLAN

Table with 1 column: PLAN. Content includes: Problem List / Medication Record updated; Condoms offered/encouraged; Risks/benefits of BCM reviewed; DMPA 104mg SQ/ 150 mg IM q 12 wks x \_\_\_\_\_  Given today; OCs \_\_\_\_\_ Sig: 1 qd x \_\_\_\_\_ # \_\_\_\_\_ today; NuvaRing PV X \_\_\_\_\_ days / out \_\_\_\_\_ days x \_\_\_\_\_ # \_\_\_\_\_ today, Refrigerate; Ortho Evra 1 patch/wk X 3, none for 1 wk x \_\_\_\_\_ # \_\_\_\_\_ today; Continue BCM as directed; Start:  Sunday p menses onset  Day \_\_\_\_\_  Today  Continue; Use BUM X 7 days; Plan B:  2 tabs PO now  May refill prn x 1 yr  Start BCM no later than following AM; RTC \_\_\_\_\_ for \_\_\_\_\_; WWE due \_\_\_\_\_; If under 18, parental involvement  previously indicated  encouraged; Interpretation provided by  PPM  Client's preferred interpreter (name \_\_\_\_\_); Total time spent with clinician: \_\_\_\_\_ ( Spent >50% of time counseling/education); Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_