Planned Parenthood®
Care. No matter what.
Planned Parenthood of Maryland

Affix Label Here

Client's Name: _____

DOB: _____ Date: _____

Pregnancy Test Visit

Reason for today's visit: _____ Age: _____

Do you have any allergies? ☐ Yes ☐No Are you allergic to: ☐ latex ☐medication (
_____

What was the first day of your last menstrual period? Date: _____

Was it normal (timing, amount of bleeding)? ☐ Yes ☐ No
My last period was: ☐ On time ☐ Early ☐ Late
The amount of bleeding was: ☐ Normal ☐ Lighter ☐ Heavier

Does your period come every month? ☐Yes ☐No
Do you have any problems with your period? ☐Yes ☐No If yes, what?
_____
Have you ever had a PAP test? Date: _____ Was it normal? ☐Yes ☐No ☐Unsure

Do you protect yourself from pregnancy? ☐ Yes ☐ No
If yes, how? _____
Date of last sex without a birth control method: _____

Yes	No	
		Are your menstrual cycles usually monthly?
		Were you using a method of birth control when you think you may have become pregnant?
		Have you taken a home pregnancy test? If yes, when? _____ Result: _____
		Do you want to be pregnant? ☐ Undecided ☐ In the future
		Have you been pregnant before? If yes, # of live births _____ # of abortions _____ # of miscarriages _____ # of tubal pregnancies _____ # of still births _____
		If your pregnancy test is negative, would you be interested in starting on birth control? * ☐ Undecided ☐Already on birth control _____
		Since your last period have you had any bleeding or spotting? **
		Have you ever had pelvic inflammatory disease (**not** yeast, **not** bacterial vaginosis)? **
		Since your last period, have you had any **one-sided** abdominal pain? **
		Have you had a ruptured appendix? **
		Have you had a tubal ligation (tubes tied) or any other surgery on your tubes? **
		Have you ever had Lupus?
		Have you had any other serious illness or surgery?

Relationship and Safety

Violence and sexual abuse are common in many people's lives. There is help for you if you are being hurt or abused.
(Note: PPM is required to report cases of child abuse or neglect that occurred as a minor, even if you are now over age 18.)

	NEVER	SOMETIMES	OFTEN	DECLINE
Has your partner ever tried to get you pregnant when you didn't want to be?				
Does your partner refuse to use condoms when you ask?				
Are you afraid your partner will hurt you?				
Have you ever been physically or emotionally abused by your partner or someone important to you?				
Have you been hit, slapped kicked or otherwise physically hurt by someone in the past year or, if you're pregnant since you've been pregnant?				
Has anyone forced you to have sex in the past year?				

Yes	No	
		Are you under 18 years old and are your parent(s)/guardian(s) aware of your visit to Planned Parenthood of Maryland?

CLIENT SIGNATURE

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

Client Signature: **X**_____ Date: _____

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Affix Label Here

Client's Name: _____

DOB: _____ Date: _____

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

SUBJECTIVE (HPI) – *Brief HPI*

HCA COMMENTS: _____

_____

_____

_____

☐ Hx Reviewed ☐New ☐Est HCA Signature:_____ Date:_____

CLINICIAN COMMENTS: _____

_____

☐ Hx Reviewed Clinician Signature:_____ Date:_____

OBJECTIVE (PE)

HT	WT	BMI	BP

LMP: _____ UPT: ☐ P ☐ Inconclusive If positive: EGA by LMP _____ EGA by bi-manual _____ EDD _____	☐ A & O x 3 ☐ NAD ☐ Apparent distress: _____	**Depo Injection** Lot# _____ Location:_____ Exp date_____ RTC: _____ ☐ IM ☐SUB Q	**LABS SENT OUT:** ☐Chlamydia ☐GC ☐Other _____ **Rapid HIV:** ☐ Neg ☐ Prelim Pos ☐Indetermin ☐ Declines STI Testing

ASSESSMENT

☐Client desires to continue pregnancy
☐Client desires to terminate pregnancy
☐Undecided
☐UPT Negative
☐Client desires adoption
☐Risk factors for ectopic pregnancy

PLAN

If pregnancy test was positive:

- ☐ All options discussed (continuing the pregnancy, abortion and adoption) and info given for
  - ☐ Prenatal care
  - ☐ Abortion
  - ☐ Adoption
- ☐ Provided info on early prenatal care, including folic acid
- ☐ Rx given for prenatal vitamins
- ☐ Reviewed signs and symptoms of ectopic pregnancy and miscarriage
- ☐ Birth control information given
- ☐ Condoms offered / encouraged

If pregnancy test was negative:

- ☐ Advised to repeat UPT in _____
- ☐ Contraception options reviewed, including abstinence
- ☐ EC CIIC given **
- ☐ BCM (Contra Choices) information given
- ☐ Folic acid/prenatal vitamin info given
- ☐ Client encouraged to RTC for yearly exams, if appropriate
- ☐ HOPE appt offered
- ☐ Hope visit done today – see HOPE form
- ☐ Condoms use encouraged/offered
- ☐ If no unexplained menses x 3 months, advised follow-up
- ☐ Preconception counseling

CIICs/CIs provided in language other than English:
☐ Spanish

Other CIICs/CIs/Education:
☐ CIIC: Pregnancy Testing, Options Counseling
☐CI: Ectopic Pregnancy
☐ _____ ** As of current year's MS&Gs

Clinician Comments:

_____

_____

_____

_____

_____

Other:
☐ Safety Card Given
☐ HPV Vaccine Information Given

☐Reproductive Life Plan discussed
☐Interpretation provided by PPM
☐Interpretation provided by client's preferred interpreter (_____)

Total time spent with clinician: _____
(☐Spent >50% of the time counseling/education)

Signature:_____

Date:_____

If under 18, parental involvement ☐previously indicated ☐encouraged