### 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?**

**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?**  □ Yes □ 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.)

<table>
<thead>
<tr>
<th>Question</th>
<th>NEVER</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
<th>DECLINE</th>
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<tbody>
<tr>
<td>Has your partner ever tried to get you pregnant when you didn't want to be?</td>
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<td>Does your partner refuse to use condoms when you ask?</td>
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<td>Are you afraid your partner will hurt you?</td>
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<td>Have you ever been physically or emotionally abused by your partner or someone important to you?</td>
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<td>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?</td>
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<td>Has anyone forced you to have sex in the past year?</td>
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**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:** ________________
### Subjective (HPI) – Brief HPI

**HCA Comments:**

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

☐ Hx Reviewed ☐ New ☐ Est HCA Signature: ___________________ Date: __________

**Clinician Comments:**

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

☐ Hx Reviewed Clinician Signature: ___________________ Date: __________

### Objective (PE)

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<td>HT</td>
<td>WT</td>
<td>BMI</td>
<td>BP</td>
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<td>LMP:</td>
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<td>UPT:</td>
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<tr>
<td>□ Inconclusive</td>
<td>□ P</td>
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<tr>
<td>If positive:</td>
<td>A &amp; O x 3</td>
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<tr>
<td>EGA by LMP</td>
<td>NAD</td>
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<tr>
<td>□ Apparent distress:</td>
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<td>EGA by bi-manual</td>
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<td>EDD</td>
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**Depo Injection**

Lot# __________________

Location: __________________

Exp date: __________

RTC: __________________

☐ IM ☐ SUB Q

**Labor sent out:**

□ Chlamydia □ GC

□ Other __________________

**Rapid HIV:** □ Neg

□ Prelim Pos □ Indetermin

□ Declines STI Testing

### Assessment

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

### 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 used 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:** __________

**Affix Label Here**

**Client’s Name:** __________________________________________

**DOB:** __________ Date: __________

**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:** __________

**Signature:** __________________________________________

**Date:** ________________

**If under 18, parental involvement ☐ previously indicated ☐ encouraged**

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**Rev:** 1/2014