

\*Indicates item to be extracted to LHD-HSA for Family Planning Annual Report (FPAR)  
DHHS 2814M (Reviewed 03/2025)  
Reproductive Health Branch (Review 06/2025)

### 8. MENTAL HEALTH HISTORY

- During the past two weeks, have you often been bothered by either of the following two problems?  
Feeling down, depressed, irritable, or hopeless ☐ Yes ☐ No or  
Little interest or pleasure in doing things ☐ Yes ☐ No
- Are you in a relationship with a person who threatens or physically hurts you? ☐ Yes ☐ No
- In the past year, have you been slapped, kicked or otherwise physically hurt by someone? ☐ Yes ☐ No

9. System Review:	Code	Comments
Unexplained Weight loss or gain		
Headache		
Blurry or double vision/flashing lights in vision		
Shortness of breath/difficulty breathing		
Numbness or tingling in extremities		
Swelling in extremities		
Rectal bleeding		
Urinary frequency, urgency, burning/blood in urine		
Easy bruising or bleeding		
Rashes/growths/lesions		
Other problems		

10. Physical Exam:	Code	Comments
Skin		
HEENT		
Neck/Thyroid		
Lungs		
Heart		
Abdomen		
Extremities		
Prostrate		
Penis		
Testicles		
Rectum		



Comments:

11. Labs:	Comments:
*GC <input type="checkbox"/> Y <input type="checkbox"/> N	
Urethral smear <input type="checkbox"/> Y <input type="checkbox"/> N	
*Chlamydia <input type="checkbox"/> Y <input type="checkbox"/> N	
*HIV <input type="checkbox"/> Y <input type="checkbox"/> N	
*Syphilis <input type="checkbox"/> Y <input type="checkbox"/> N	
Glucose <input type="checkbox"/> Y <input type="checkbox"/> N	
Hepatitis C <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Referred for testing	
Other labs <input type="checkbox"/> Y <input type="checkbox"/> N	

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**12. Education/Counseling: Information needed to make informed decisions regarding family planning: (check all that apply)**

- ☐ Adolescents must be informed about all **methods of contraception**  
**R for adolescent clients**
- ☐ Use specific methods of contraception and identify adverse effects  
**(at initiation of a contraceptive method) I**
- ☐ Reduce risk of transmission of STDs and HIV based on sexual risk assessment **I**
- ☐ Review pregnancy intention **(required annually) I**
- ☐ Review immunization history and inform client of recommended vaccine per CDC's ACIP Guidelines and offer, as indicated, or refer to other providers **R**
- ☐
- ☐ Understand BMI greater than 30 or less than 18.5 is a health risk (weight management educational materials to be provided to clients if client requests) **I**
- ☐ Stop tobacco or Electronic Nicotine Delivery System (ENDS) use, implementing the 5A counseling approach **I**
- ☐ **\* Provide counseling to become pregnant and preconception counseling I**
- ☐ Provide basic infertility counseling **I**

**13. Client-Centered Method Counseling: Individual dialogue covers:**

- ☐ Results of physical assessment and labs (if performed) **R**
- ☐ **\* Client centered contraceptive counseling/education provided R**
- ☐ Provide Emergency Contraception Counseling if pregnancy is not desired **I**
- ☐ Protection from STDs if non-barrier method is chosen **I**
- ☐ Warning signs for rare but serious adverse events and what to do if they experience a warning sign (including emergency 24-hour number, where to seek emergency services outside of hours of operation) **R**
- ☐ When to return for a follow up (planned return schedule) **R**
- ☐ Appropriate referral for other services **I**
- ☐ Teach Back Method used ☐ Yes ☐ No

**14. Assessment/Plan/Method/Referrals:**

**\*Contraceptive Method at Exit:**  
(see List of methods provided on page 4)

**\*If no method at exit, why?**

☐ Abstinence ☐ Same sex partner ☐ Other ☐ Sterile for non-contraceptive reasons ☐ Partner Seeking Pregnancy

**\*How was method dispensed? (if method provided)**

☐ Provided on site ☐ Referral ☐ Prescription

Nurse Interviewer: \_\_\_\_\_

Nurse Dispensing if Different from Interviewer: \_\_\_\_\_

Examiner Signature: \_\_\_\_\_

**15. (These signatures attest that ROS, health history form and required education/counseling have been reviewed and discussed with client)**

## List of Contraceptive Methods

Implantable rod  
IUD with Progestin  
IUD copper  
IUD unspecified  
Female sterilization  
Vasectomy  
Injectables  
Combined oral contraceptive pills  
Progestin only contraceptive pills  
Contraceptive patch  
Vaginal ring  
Male condom  
Diaphragm or cervical cap  
Female condom  
Withdrawal  
Spermicide  
Contraceptive Gel  
Sponge  
Fertility awareness-based methods  
Lactational amenorrhea method  
Male relying on female method  
Emergency contraception  
Decline to answer  
None