N.C. Department of Health and Human Services
Division of Public Health • Reproductive Health Branch

FAMILY PLANNING AND REPRODUCTIVE HEALTH
PREGNANCY TESTING

1. Date: _____

2. Patient Label:

3. Vital Signs:

Height:_____ Weight:_____

BMI:_____ Blood Pressure: _____

4. Menses: (as verbally reported by patient)

LMP_____ Normal? ❑ Yes ❑ No

LNMP_____

5. Gravida/Parity:

Gravida_____T_____P_____A_____L _____

6. Pregnancy Intention

*Do you want to have (more) children in the next 12 months?
□ Yes □ No □ Unsure □I'm ok either way

How important is it to you to prevent pregnancy (until then)?_____

7. *Contraceptive Method at Intake:
(see List of methods provided on page 3)

*If no method at intake, why?
□Abstinence □Same sex partner □ Other □ Sterile for non-contraceptive reasons □Seeking Pregnancy □Pregnant

Problems With Current Methods: _____

Date Method Last Used:_____ ❑ N/A

Unprotected Intercourse in Last Five Days: ❑ Yes ❑ No

8. Current History

		Comments:
Tobacco and/or Electronic Nicotine Devices Use—Self and/or environment	❑ Yes ❑ No	
Alcohol/Drugs—Self and/or environment	❑ Yes ❑ No	
Medication Use: OTC/ Prescription	❑ Yes ❑ No	
Chronic Medical Illness	❑ Yes ❑ No	
Physical Disability	❑ Yes ❑ No	
Psychiatric Illness	❑ Yes ❑ No	
Other:	❑ Yes ❑ No	

9. Immunization Education:

❑ Immunization schedule handout given with CDC guidelines.

10. Behavioral Health Assessment:

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

11. Labs:

Pregnancy Test: ❑ Positive ❑ Negative

*Other Labs Completed: _____

Notes: _____

12. NEGATIVE RESULTS: Education/Counseling

❑ *Client centered contraceptive counseling/education provided ❑ N/A
❑ Emergency Contraception Offered If Unprotected Intercourse in Past 5 Days ❑ N/A
❑ *Provide Counseling to become pregnant and preconception counseling ❑ N/A
❑ Infertility Services Offered ❑ N/A
❑ Folic Acid Supplement Recommended ❑ N/A
❑ Other _____

*Contraceptive Method at Exit:
(see List of methods provided on page 3)

*If no method at exit, why?
□Abstinence □Same sex partner □ Other □ Sterile for non-contraceptive reasons □Seeking Pregnancy

*How was method dispensed? (If method provided)
□Provided on site □Referral □Prescription □Pregnant

13. POSITIVE RESULTS: Education/Counseling
(Check All That Apply)

Estimated Weeks Gestation:_____**EDC:** _____

❑ Ectopic Pregnancy Warning Signs Discussed (Required for all positive results)
❑ Client offered neutral, factual, nondirective information, on all options about which the client wants to hear.
❑ Prenatal Care
- Varicella Handout Given/Reviewed
- Verbally Reviewed Healthy Pregnancy Behaviors
- Written Material Reviewed: _____

❑ Adoption/Foster Care
❑ Pregnancy Termination
❑ Other: _____

*Indicates item to be extracted to LHD-HSA for Family Planning Annual Report (FPAR)

Date: _____ Patient's Name: _____

14. POSITIVE RESULTS: Plan (Check All That Apply)

- ❑ Presumptive Eligibility Completed
  OR
- ❑ Presumptive Eligibility Deferred to 1st Prenatal Appointment (**ONLY IF** Scheduled at Local Health Department's Maternal Health Clinic)
- ❑ Client offered or referred for STI testing if not scheduled for initial prenatal appointment
- ❑ Prenatal Vitamins: 1 daily #30
- ❑ Flu Vaccine (as indicated)
- ❑ Social Support Assessed

15. Appointment Referrals: (Check All That Apply)

- ❑ Family Planning Clinic at Local Health Department
  Family Planning Appointment Date: _____
- ❑ Maternal Health Clinic at Local Health Department
  First Maternal Health Appointment Date: _____
- ❑ Clinic/Facility Outside of Local Health Department
  Clinic/Facility Name: _____
- ❑ Referred for STI testing
- ❑ Referred to Emergency Department
- ❑ Department of Social Services
- ❑ Domestic Violence Support
- ❑ WIC
- ❑ Behavioral Health
- ❑ Pregnancy Care Management
- ❑ Transportation
- ❑ Other: _____

16. Follow-up Phone Number:

Signature:

Notes:
Follow-Up Notes:

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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

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