N.C. Department of Health and Human Services
Office of Public Health Nursing & Professional Development

FAMILY PLANNING AND REPRODUCTIVE HEALTH FEMALE FLOW SHEET

1. Last Name First Name MI

2. Patient Number

3. Date of Birth (MM/DD/YYYY) Month Day Year

4. Race ☐ American Indian or Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ Unknown ☐ White

5. Ethnic Origin ☐ Hispanic Cuban ☐ Hispanic Mexican American ☐ Hispanic Other ☐ Hispanic Puerto Rican ☐ Not Hispanic/Latino ☐ Unreported

6. Gender ☐ Female ☐ Male

7. County of Residence

8. Menses LMP Normal? ☐ Yes ☐ No Cramps? ☐ Yes ☐ No BTB? ☐ Yes ☐ No

9. Current Method: ☐ BCP ☐ Depo (last shot) ☐ Condoms ☐ BTL ☐ Patch ☐ Ring ☐ Implanon ☐ IUD/date inserted ☐ Other ☐ None

Satisfied? ☐ Yes ☐ No Desired Method changed? ☐ Yes ☐ No

10. OB/GYN G____P____A____L____

Breastfeeding? ☐ Y ☐ N

Date Next Intended Pregnancy

Date/Outcome Last Pregnancy

Comments:

11. System Review: Check if self history current; if current proceed to next section. ☐	**Code**
Vision: Blurred/Spots	
Severe Headaches/Dizziness	
Chest Pains/SOB/TB	
Breast: Pain/Mass/Disch.	
SBE ☐ Y ☐ N Date of last mammo.	
Abdominal Pain/Cramps/Fever/Chills	
GI/GU/Hepatitis/Mono	
Extremities: Pain/Numbness	
Depression/Suicidal Thoughts	
Vag. Discharge/Pain/Burning/Itching	
Douching? ☐ Y ☐ N	
>1 partner last year? ☐ Y ☐ N	
Partner hx/change in risk factors	
Number of lifetime sex partners	
BV/GC/Chlamydia/Syphilis/HSV/HIV/HPV	
Coital: Pain/Bleeding/ ↓ Libido	
Abnormal Pap History/Date of last pap	
Family Violence/Abuse	
Tobacco/Alcohol/Drugs	
Meds: Rx/OTC/Vit/Supplements	
Immunizations: Tdap/MMR/HepB/Twinrix	
Illness/Hospitalization/Surgery	
Elective Surgery Planned	
Changes in Family Medical History	
Other Problems	

12. Education/Counseling: Information needed to: (check all that apply)

- ☐ Make informed decision about FP
- ☐ Use specific methods of contraception and identify adverse effects
- ☐ Perform self breast exam
- ☐ Reduce risk of transmission of STDs and HIV
- ☐ Understand the range of available services and the purpose and sequence of clinic procedures
- ☐ Understand the importance of recommended screening tests and other procedures involved in FP
- ☐ Understand BMI greater than 25 is a health risk (weight management educational materials to be provided to clients with a BMI of 25 or greater)
- ☐ Stop tobacco use, implementing the 5A counseling approach (Rec)
- ☐ Encourage mammogram for women 40 and older (Rec)

13. Client Method Counseling: Individual dialogue covers:

- ☐ Effective use of contraception (benefits and efficacy)
- ☐ Possible side effects/complications
- ☐ How to d/c method selected (information on back up method, use EC)

14. Date/Visit Type/Age Date: Type: Age:

15. Allergies:

16. HT: **WT:** **BMI:** **B/P:**

17. Special Needs/Language:

18. Physical Exam:	**Code**	**Comments:**
Skin		
HEENT		
Neck/Thyroid		
Lungs		
Heart		
Breasts/Nipples		
SBE Taught/Reviewed		
Abdomen		
Musc. Skeletal		
Extremities		
Vulva		
BSU		
Perineum		
Uterus		
Vagina		
Cervix		
Adnexa		
Rectum		

IUD strings seen? ☐ Y ☐ N

19. Labs:

Pap Test	☐ Y	☐ N	Pregnancy Test	☐ Y	☐ N
Wet Prep	☐ Y	☐ N	RPR	☐ Y	☐ N
GC	☐ Y	☐ N	U/A	☐ Y	☐ N
Chlamydia	☐ Y	☐ N	Hct/Hgb	☐ Y	☐ N
Hemocult	☐ Y	☐ N	Cholesterol	☐ Y	☐ N
HIV	☐ Y	☐ N	Other Tests Done:		

20. Plan/Tx/Referral: Ancillary notes rev. ☐ Findings Rev. ☐

Nurse Interviewer: _____

Examiner Signature: _____

21. Contraceptive Supplies:

Comments:

☐ BCP ☐ Depo ☐ Condoms ☐ Ring ☐ Patch ☐ IUD ☐ Implanon

Other:_____ None:_____

Signature: _____

22. Records requested from another facility? ☐ Yes ☐ No

Name of facility?

Address of facility?

23. Next Appointment:

24. Referrals Made: