FAMILY PLANNING AND REPRODUCTIVE HEALTH FEMALE FLOW SHEET

PATIENT LABEL

1. **Date:** Reason for visit: Age

2. **Allergies:**

3. Menses LMP Date _____ Normal? ☐ Yes ☐ No

4. **Adolescent Counseling**

☐ Adolescents must be told services are confidential, family involvement is encouraged and resisting sexual coercion is discussed R

☐ Adolescents must be advised of what information must be reported due to mandatory reporting laws and how it will be handled if necessary R

☐ Adolescents should be provided intervention to prevent initiation of tobacco use R

5. **Reproductive Life Planning**

Would you like to have any (or more) children? ☐ Yes ☐ No How many? _____

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

_____

6. **Current Method:** ☐ BCP ☐ Depo (last shot) _____ ☐ Condoms ☐ BTL ☐ Patch ☐ Ring ☐ Implant ☐ IUC (date inserted) _____ ☐ Other ☐ None
Satisfied? ☐ Yes ☐ No Desired method changed? ☐ Yes ☐ No
Unprotected Intercourse in Past Five Days: ☐ Yes ☐ No
Past Methods: ☐ BCP ☐ Depo ☐ Condoms ☐ BTL ☐ Patch ☐ Ring ☐ Implant ☐ IUC ☐ Other ☐ None
Adverse Effects: _____

7. System Review:	Code	Comments:
Heat or cold intolerance/thirst		
Weight loss or gain		
Dizziness/fainting/seizures		
Headache		
Blurry or double vision/flashing lights		
Sore throat/non-healing sores in mouth		
Swollen glands in neck		
Coughing up blood/SOB/Wheezing		
SOB with activity/difficulty breathing lying down/chest pain or discomfort		
Swelling		
Breastfeeding		
Breast lumps/pain/discharge		
Nausea		
Yellow eyes or skin		
Rectal bleeding		
Vaginal discharge/pain/burning/itching		
Douching/painful coitus/unexplained bleeding from vagina		
Frequency, urgency, burning/blood in urine		
Redness or swelling in joints		
Calf pain with walking		
Ease of bruising or bleeding		
Rashes/growths/lesions		
Other problems		

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

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

IUC strings seen? ☐ Y ☐ N

10. **Labs:**

Cervical Cytology	☐ Y	☐ N	Pregnancy Test	☐ Y	☐ N
Wet Prep	☐ Y	☐ N	Syphilis	☐ Y	☐ N
GC	☐ Y	☐ N	Glucose	☐ Y	☐ N
Chlamydia	☐ Y	☐ N	Other _____		
HIV	☐ Y	☐ N			

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

☐ Emergency Contraception Offered 1) If unprotected intercourse in past five days and/or 2) Prophylactically as indicated.

☐ If positive pregnancy test result, counseling and referral provided per policy, and Presumptive Eligibility completed if applicable per policy.

Nurse Interviewer: _____

Nurse Dispensing if Different from Interviewer: _____

Examiner Signature: _____

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

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

☐ Make informed decision about family planning R
☐ Use specific methods of contraception and identify adverse effects R
☐ Reduce risk of transmission of STDs and HIV if deemed high risk per history R
☐ Promote daily consumption of multivitamin with folic acid if capable of conceiving R
☐ Provide reproductive health life planning counseling R
☐ Review immunization history and inform client of recommended vaccine per CDC's ACIP Guidelines and offer, as indicated, or refer to other providers R
☐ Provide preconception counseling R
☐ Understand BMI greater than 25 or less than 18.5 is a health risk (weight management educational materials to be provided to clients if client requests with a BMI of greater than 25 or less than 18.5) R
☐ Stop tobacco use, implementing the 5A counseling approach I
☐ Encourage mammogram for women ≥ 50 and < 50 if conditions support I
☐ Provide achieving pregnancy counseling I
☐ Provide basic infertility counseling I
☐ Referred for Hepatitis C screening if high-risk (current injection drug use, h/o injection drug use, or HIV positive), or if born between 1945–1965 (one-time screening) I

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

☐ Results of physical assessment and labs (if performed) R
☐ Methods of contraception reviewed by tiered approach R
☐ Provide Emergency Contraception counseling R
☐ Adolescents counseled on abstinence, LARC, and condoms R
☐ How to discontinue the method selected and information on back up method used R
☐ Typical use rates for method effectiveness R
☐ How to use the method consistently and correctly R
☐ Protection from STDs if non-barrier method is chosen R
☐ 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 additional services as needed R
☐ Yes ☐ No Teach Back Method used