North Carolina Department of Health and Human Services
Division of Public Health — Women's and Children's Health Section

FAMILY PLANNING AND REPRODUCTIVE HEALTH MALE FLOW SHEET

PATIENT LABEL WITH DEMOGRAPHICS

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

2. **Allergies:**

3. **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

4. **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)? _____

_____

5. **Are you currently using:** ☐ Condoms ☐ Withdrawal ☐ Other

Do your partner(s) use: ☐ 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

Do you have any problems/concerns about male or female methods? ☐ Yes ☐ No

If yes, please explain: _____

_____

_____

6. **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		
Breast lumps/pain/discharge		
Nausea		
Yellow eyes or skin		
Rectal bleeding		
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		

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

8. **Physical Exam:**	**Code**	**Comments:**
Skin		
HEENT		
Neck/Thyroid		
Lungs		
Heart		
Breasts		
Abdomen		
Musc. Skeletal		
Extremities		
Prostate		
Penis		
Testicles		
Rectum		

9. **Labs:**

GC	☐ Y	☐ N	Syphilis	☐ Y	☐ N
Urethral smear	☐ Y	☐ N	HIV	☐ Y	☐ N
Chlamydia	☐ Y	☐ N	Glucose	☐ Y	☐ N

Other _____

_____

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

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)

11. **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

☐ 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 R

☐ Provide reproductive health life planning counseling R

☐ Provide preconception 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 GED counseling if indicated by history R

☐ Provide achieving pregnancy counseling I

☐ Provide basic intertility counseling I

12. **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

☐ 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

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