N.C. Department of Health and Human Services
Division of Public Health • Women's and Children's Health Section

FAMILY PLANNING AND REPRODUCTIVE HEALTH
PREGNANCY TESTING

1. Date: _____

2. Patient Label:

3. Vital Signs:

Height: _____ Weight: _____

BMI: _____ Blood Pressure: _____

4. Menses:

LMP _____ Normal? ❑ Yes ❑ No

LNMP_____

5. Gravida/Parity:

Gravida ____ T ____ P ____ A ____ L ____

6. 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)?

_____

_____

Notes: _____

_____

_____

_____

7. Current Methods: ❑ OCP (type):_____

❑ Depo ❑ Condoms ❑ Patch ❑ Nuva Ring

❑ IUD ❑ Implant ❑ BTL ❑ None

Problems With Current Methods: _____

_____

Date Method Last Used: _____ ❑ N/A

Unprotected Sex in Last Five Days: ❑ Yes ❑ No

8. Current History

		Comments:
Tobacco Use	❑ Yes ❑ No	
Alcohol/Drugs	❑ 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 or
   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

❑ Preconception Counseling Done (Base on Vital Signs and Current History sections above)

Notes: _____

_____

_____

❑ Methods of Contraception Reviewed By Tiered Approach ❑ N/A

❑ Quick Start Method Offered ❑ N/A

❑ Emergency Contraception Offered If Unprotected Sex in Past 5 Days ❑ N/A

❑ Achieving Pregnancy Counseling Done ❑ N/A

❑ Infertility Services Offered ❑ N/A

❑ Folic Acid Supplement Recommended ❑ N/A

❑ Other _____

13. POSITIVE RESULTS: Education/Counseling

(Check All That Apply)

Weeks Gestation: _____ **EDC:** _____

❑ Prenatal Care Counseling (As requested by client)

Healthy Pregnancy Behaviors Reviewed:

❑ Healthy Mom/Healthy Baby Book Given/Reviewed

❑ Other Written Materials Reviewed: _____

_____

❑ Verbally Reviewed Healthy Pregnancy Behaviors

❑ Adoption/Foster Care Counseling (As requested by client)

❑ Pregnancy Termination Counseling (As requested by client)

❑ Ectopic Pregnancy Warning Signs Discussed (Required for all positive results)

❑ Varicella Handout Given/Reviewed

❑ Other: _____

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)

- ❑ Prenatal Vitamins: 1 daily #30
- ❑ Flu Vaccine (as indicated)
- ❑ Social Support Assessed

Notes: _____

_____

_____

- ❑ Other: _____

15. 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: _____

Type of Appointment:

- ❑ Family Planning
- ❑ OB/Maternity
- ❑ Pregnancy Termination
- ❑ Other: _____

Appointment Date: _____

Presents with Ectopic Pregnancy Warning Signs

❑ Yes ❑ No

If Yes to Above

- ❑ Referred to Emergency Department STAT
- ❑ 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: