

**General Information**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Walk In † Appointment †

Name:  
 First \_\_\_\_\_ Last \_\_\_\_\_

City, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

**Marital Status:**  
 Single Married Separated Divorced Widowed Cohabitant  
 Unknown

**Ethnic Group**  
 African-American White, Asian, Hispanic Native American  
 Other \_\_\_\_\_

**Religious Background:**  
 \_\_\_\_\_

**Contraceptive Use:**  
 \_\_\_\_\_

**Previous Pregnancies:**  
 Aborted \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Miscarriages \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Children \_\_\_\_\_

Date(s) of Birth: \_\_\_\_\_

**Total Pregnancies** \_\_\_\_\_

If previous abortion, what were the pressures that led you to choose abortion?  
 \_\_\_\_\_

How has abortion affected your life?  
 \_\_\_\_\_

**Feelings:**  
 Toward Abortion:  
 For † Against † Undecided † Unknown †

Toward Adoption:  
 For † Against † Undecided † Unknown †

**Pregnancy Related Information**

How would you feel if your test were positive today?  
 \_\_\_\_\_

How would the father feel about your being pregnant?  
 \_\_\_\_\_

If your test is positive, would you be interested in information regarding your decision-making choices and ways PRC can help?  
 Yes † No †

**Contact History**

Date	Test	Before	After	If Carry

**Pregnancy Status:**  
 Last Period Started: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Outcome:**  
 OK to Follow up Yes † No †

Follow up Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type Planned: \_\_\_\_\_

Change follow up date \_\_\_\_/\_\_\_\_/\_\_\_\_ Note Sent \_\_\_\_\_

Phone Attempts:  
 Close File †

**Reason File Closed:**  
 Negative Test No Permission Aborted Parented Adopted  
 Transferred Miscarriage Other \_\_\_\_\_

**Support Services Only:** † See back for services

**Reason for Contact:**  
 Pregnancy Test Counseling Services Other: \_\_\_\_\_

**Contact Type:**  
 \_\_\_\_\_

**Test Results:**  
 No Test † Positive † Negative † Inc †

**Intentions For Pregnancy:**

**Before Counsel:**  
 Abort † Carry † Und † Unk †

**After Counsel:**  
 Abort † Carry † Und † Unk †

**Plans if Carrying:**  
 Adopt † Parent † Und † Unk †

**Services Provided:** See back of page

**Referrals Provided:** See back of page

**Counseling Summary**

Was the Gospel Presented Yes No  
 Spiritual Discussion: Yes No  
 Already a Christian: Yes No  
 Became Christian Today: Yes No  
 Bible Given: Yes No  
 Other Spir. Lit. Given Yes No  
 Attends Church Yes No  
 Rededicated life to Christ Yes No  
 Male Partner Influence Yes No  
 Were PRC Services Explained Yes No

**Considering Your Choices**

**Parenting**  
 How would the babies' father feel about your parenting?  
 \_\_\_\_\_

What support would you expect from him?  
 \_\_\_\_\_

Is marriage a possibility? Yes † No †

What support do you expect from family/friends?  
 \_\_\_\_\_

Do you have a church that would be supportive?  
 Yes † No †

Has anyone ever shown you from the bible how you can have a personal relationship with God?  
 Yes † No †

**Ways PRC can help: Positive test packet**

**Adoption**  
 Under what circumstances would you consider adoption a good thing?  
 \_\_\_\_\_

Spiritual/Church support?  
 \_\_\_\_\_

What makes it hard/easy for you to consider adoption?

**Ways PRC can help: Mat, Clothes, Referrals, Videos, Abortion**

What do you know about abortion?

Who do you know that has had an abortion?  
What were their experiences?

How would the father feel about you having an abortion?

How does God fit into your situation?

**Ways PRC can help: Information and risks and procedures, decision making, contract, pro-con chart, HEART**

CLIENT read test results as:

Pos Neg. Inc N/T

Test Result:

Pos Neg. Inc. Date \_\_\_/\_\_\_/\_\_\_

Initials: \_\_\_\_\_

First Day of last period \_\_\_\_\_

No. of wks. Gestation \_\_\_\_\_

Due Date \_\_\_\_\_

**Changes/Reopen (include date)**

\_\_\_/\_\_\_/\_\_\_ Chg. in intentions:

Abort Carry Und

\_\_\_/\_\_\_/\_\_\_ Chg. in Plan:

Adopt Parent Und.

\_\_\_/\_\_\_/\_\_\_ Received new permission to contact

\_\_\_/\_\_\_/\_\_\_ Positive test\_

**Negative Test Questions**

1. How do you feel about having a negative test?

2. What decisions could you make to protect yourself from going through this again? (101 fun things, moving ahead, Sex was never meant to kill you)

3. How would your boyfriend feel if you quit having sex? (Making an inf. Dec. about relationship)

4. When you feel tempted to go all the way, where can you find the strength to resist?(Steps to peace, turning around)

5. How do you feel about "safe sex"? How do these methods protect you? (How at risk are you? Making an informed decision about your relationship)

6. What do you know about STD's? Have you been tested?

**Peer Counselor Reassignment**

Assigned to: \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ New follow up date: \_\_\_/\_\_\_/\_\_\_

**Services Provided**

Test or Peer counsel Only			
Abstinence/STD info			
Adoption Information			
Diapers			
Food/Formula			
Free Dr. Appointment			
Furniture			
Layette			
Lullaby			
Maternity Clothes			
Older baby clothes			
Ongoing Peer counsel			
Parenting Classes			
Post abortion Info.			
Verification of pregnancy			
Video Tape			

**Referrals Provided**

None Given			
Adoption Information			
AFS			
Birth Instruction			
Church			
County Health			
Education			
Food/Clothing			
Housing			
Job Training/Search			
Legal Assistance			
Medical			
OHOP			
Other			
Parenting Class			
Pro. Counselor			
STD Testing			
Support Group			
Ultrasound			
WIC			

**Brochures/Materials Provided**

- ‡ Packet (entire) Pos. Neg./STD Adopt AM
- ‡ PRC Brochure
- ‡ First nine months (only)
- ‡ Making an informed decision about pregnancy
- ‡ Making an informed decision about relationships
- ‡ Making an informed decision about religion
- ‡ Other:
- ‡ Other:
- ‡ Magazine:

**Confidentiality and Limitations**

This Pregnancy Center is not a medical clinic. Your pregnancy test is 99% accurate according to its manufacturer. A physician must confirm the results of your test. We are staffed by trained volunteers. The counseling provided is not intended as a substitute for professional counseling. We offer information, peer counseling and practical help. With the exceptions noted on the request form, all information is kept confidential.

**I acknowledge that I have read and understand the above paragraph.**

**Please Circle One**

I, **do do not** give permission to contact me hereafter.

Client's Signature:

\_\_\_\_\_

Date \_\_\_\_\_

Peer Counselor's Signature:

\_\_\_\_\_

Date \_\_\_\_\_

**Videos Shown**

Video: \_\_\_\_\_

Video: \_\_\_\_\_