

Family Planning Clinic - Pregnancy Testing Form

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|--------------|---|---------------|---------------|-------------|-------------|--------------------|-------------|---|------------|--|
| Patient Name | : | Reshma Reshma | | Emirates ID | : | 111-1111-1111111-1 | | | | |
| File No | : | 14 | DOB | : | 2019-07-24 | | Nationality | : | Other | |
| Gender | : | Female | Doctor's Name | : | Gyenec Test | | Date | : | 2024-02-12 | |

MENSTRUAL HISTORY

First day of last menstrual period ghjgjh Was it Ligh jghjghjh Medium jghj Heavy jghjghjh

Was this a normal period? ☒ Yes ☐ No

Have you had: (Check all that apply)

Nausea? jghjgh Increased Urination? jghjghj

Sleepy/Tiredness? jghjghj Breast Tenderness? ghjgh

CONTRACEPTIVE HISTORY

Are you currently using a birth control method? ☒ Yes ☐ No

If you are currently using a birth control method, what is it? ghjghj

Have you ever missed periods previously? ☒ Yes ☐ No

Did you recently stop a birth control method? ☒ Yes ☐ No

Number of sexual partners in the last 6 months? hgjhjh Last year? jghjghj

Sex of partners? Male : jghjgh Female : jghjghj Both : ghjghj

PREGNANCY HISTORY

Have you ever been pregnant? ☒ Yes ☐ No

Total number of pregnancies? hgjhghjhj

Date last pregnancy ended? (Birth, miscarriage. abortion) 2/1/2024 12:00:00 AM

| | | | |
|----------|----------------------------|-----------|---------------------------------------|
| ghjghj | # of live birth | hgjhghjhj | # 1st trimester abortions |
| hgjhghjh | # of children still living | hgjhghj | # 1st trimester abortions (12-20 wks) |
| jghjghj | # of C-sections | ghjghj | # ectopic pregnancies (tubal) |
| hgjhghj | # of stillborn deliveries | ghjghj | # of miscarriages |

Urine pregnancy test results: Positive : ghjghjh Negative : gjhgjh Undetermined : jhgjhgj

If positive, expected date of delivery 2/1/2024 12:00:00 AM



Negative Results:

Scheduled appointment for Family Planning Clinic? Yes : ghjghjhghj Not needed/refused :ghjghj

Barrier method provided? Yes : ghjghj Not needed/refused :ghjghj

Counseling:

| | | | |
|---|---------|------------------------------------|---|
| WIC : ghjghj | | CAO Clinic : ghjghj | Private OB/GYN : hgjghj |
| Comb. program app. | hgjghj | Has Medicaid | jghjgh |
| Sexually Transmitted Diseases | hgjghj | Prenatal Care & Delivery | jhgjhgjgh |
| Condom use for STD Prevention | ghjghj | Nutrition/Exercise information | jhgjgh |
| Birth Control options | hgjghj | Danger of Alcohol/Tobacco/Drug use | jhgj |
| Number of sexual partners | hgjghjh | Danger of exposure to x-rays | hhgjh |
| Pregnancy termination info | jhgjhgj | Prenatal/post-partum visits | jhgjjghghj |
| Infant care/Foster care/Adoption info | hgjghjh | Danger/signs of miscarriage | hghghjhj |
| All options counseling refused? | jhggh | Pt will parent the child? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Pre-pregnancy/Folic acid handout given? | hjhjh | Proof of pregnancy given? | ghhgj |
| Sheet with referral numbers given? | jhgjghj | | |
| <u>Staff comments :</u> | jhgjghj | | |

| | |
|---|---|
| Sign here, only if all of your questions have been answered to your satisfaction | |
| Patient | Doctor |
|  |  |
| Patient Name Reshma Reshma Date 2024-02-12 | Doctor Name Gyenec Test - Gynaecology (S6) Date 2024-02-12 |