

Family Planning Clinic - Pregnancy Testing Form

Patient Name	:	Reshma Siya	Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21
Nationality	:	Other			
Gender	:	Female	Doctor's Name	:	Gyenec Test
Date	:	2024-02-07			

MENSTRUAL HISTORY

First day of last menstrual period Was it Ligh Medium Heavy

Was this a normal period? ☒ Yes ☐ No

Have you had: (Check all that apply)

Nausea?

Increased Urination?

Sleepy/Tiredness?

Breast Tenderness?

CONTRACEPTIVE HISTORY

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

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

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? Last year?

Sex of partners? Male : Female : Both :

PREGNANCY HISTORY

Have you ever been pregnant? ☒ Yes ☐ No

Total number of pregnancies?

Date last pregnancy ended? (Birth, miscarriage. abortion) 2/7/2024 12:00:00 AM

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

FOR CLINIC USE ONLY ***** DO NOT WRITE BELOW THIS LINE *****

Urine pregnancy test results: Positive : Negative : Undetermined :

If positive, expected date of delivery 2/7/2024 12:00:00 AM

Negative Results:

Scheduled appointment for Family Planning Clinic?

Yes :

Not needed/refused :

Barrier method provided?



Yes :

Not needed/refused :

Counseling:

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

Sign here, only if all of your questions have been answered to your satisfaction

Patient	Doctor
	
Patient Name Reshma Siya Date 2024-02-07	Doctor Name Gynec Test - Gynaecology (S6) Date 2024-02-07

