

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	:	2024-02-19	

MENSTRUAL HISTORY

First day of last menstrual period ere Was it Ligh rrere Medium rerer Heavy rer

Was this a normal period? ☒ Yes ☐ No

Have you had: (Check all that apply) Nausea? erer Increased Urination? er

 Sleepy/Tiredness? ere Breast Tenderness? rer

CONTRACEPTIVE HISTORY

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

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

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? er Last year? rer

Sex of partners? Male : ere Female : rer Both : er

PREGNANCY HISTORY

Have you ever been pregnant? ☒ Yes ☐ No

Total number of pregnancies? erer

Date last pregnancy ended? (Birth, miscarriage. abortion) 1/13/2024 12:00:00 AM

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

Urine pregnancy test results: Positive : err Negative : err Undetermined : erer

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



Negative Results:

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

Barrier method provided? Yes : er Not needed/refused : ewre

Counseling:

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

Sign here, only if all of your questions have been answered to your satisfaction	
Patient	Doctor
	
Patient Name Reshma Siya Date 2024-02-19	Doctor Name Gyenec Test - Gynaecology (S6) Date 2024-02-19