

## 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	:	2024-02-29	

### MENSTRUAL HISTORY

First day of last menstrual period g Was it Ligh g Medium g Heavy g

Was this a normal period? ☒ Yes ☐ No

Have you had: (Check all that apply) Nausea? g Increased Urination? g  
Sleepy/Tiredness? g Breast Tenderness? g

### CONTRACEPTIVE HISTORY

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

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

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? g Last year? g

Sex of partners? Male : g Female : g Both : g

### PREGNANCY HISTORY

Have you ever been pregnant? ☒ Yes ☐ No

Total number of pregnancies? g

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

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

Urine pregnancy test results:

Positive : g

Negative : g

Undetermined : g

If positive, expected date of delivery

2/1/2024 12:00:00 AM

Negative Results:

Scheduled appointment for Family Planning Clinic?

Yes : g

Not needed/refused :g

Barrier method provided?

Yes : g

Not needed/refused :g

Counseling:

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

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

Patient

Doctor



Patient Name  
Reshma Siya

Date  
2024-02-29

Doctor Name  
Gyenec Test - Gynaecology (S6)

Date  
2024-02-29

