

Family Planning Clinic - Pregnancy Testing Form

Patient Name	:	Alston Rebello			Emirates ID	:	784-1991-2906159-3	
File No	:	17	DOB	:	1996-06-20	Nationality	:	Indian
Gender	:	Male	Doctor's Name	:	Alan Alfred	Date	:	2025-02-21

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) 4/19/2024 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 4/19/2024 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 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
	<div></div>
Patient Name Alston Rebello Date 2025-02-21	Doctor Name Alan Alfred - Dental (15245565544445) Date 2025-02-21