

PREGNANCY TEST ENCOUNTER

CLIENT NAME: _____

PIN: _____

DATE OPEN: _____

LMP: _____

Gravida: _____

Para: _____

Ab. Spontaneous: _____

Ab induced: _____

School Site: _____

PHN: _____

Pregnancy Test Result:

- Negative
- Positive

Substance Abuse:

- None
- Alcohol
- Drug
- Tobacco
- Alcohol/Drugs
- Alcohol/Drugs/Tobacco
- Alcohol/Tobacco
- Drugs/Tobacco

Weeks Gestation: _____

Pregnancy Decision:

- Planned – keep
- Unplanned – keep
- Adoption
- Abortion
- Undecided
- Not Applicable (use only with negative pregnancy test)

Referred to:

- PMD/HMO
- Women’s Clinic
- FAW
- Health Department Family Planning (CHCN)
- N/A (Use only for negative pregnancy test if not referred to any other resource)
- Hospital
- Other (Non-county resident and did not refer to any of above resources)

CLOSURE

Date Closed: _____

Referred to WIC Yes No

Resolution:

- Client no longer interested
- Miscarriage
- Missed Appointment
- Moved
- Negative
- Planning Therapeutic Abortion
- Open to Service
- Over-Income
- Referred to Fairfax Hospital
- Referred to FAW
- Refused follow-up
- Service not available through HD (sent to PMD, lives out of county)
- Unable to locate