

PATIENT INFORMATION:

Name: _____ Date of Birth: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____ County: _____
Cell Phone: () _____ - _____ Work Phone: () _____ - _____
Occupation: _____
RACE: Black White Hispanic Other
If Hispanic Please List Type _____ If Other Please List Type _____

Previous Pregnancy:

Number of Vaginal Deliveries: _____ Married Single Divorced Widow
Number of C-Sections: _____ Years: ___/___/___ Education Level: _____
Number of Miscarriages: _____ Ectopic: _____ When was the first day of your last normal
Number of Abortions: _____ Years: ___/___/___ menstrual period? _____
Location: _____

YOUR MEDICAL HISTORY ONLY:

Table with 6 columns: YES, NO, Heart Disease, Lung Disease, High Blood Pressure, Migraine Headaches, Diabetes, Tobacco Use, Previous Surgery, Seizures, Cancer, Anemia, Asthma, Inhaler Used, Inhaler Present, Mitral Valve, Prolapse, Drug Allergies, Current Medications, Complications with Past Pregnancy, Currently Breastfeeding, Other.

How did you find out about us? _____ Referring Physician: _____

Do you currently or have you previously taken anti-anxiety or narcotic pain medications? [] YES [] NO

If you would like to be screened for financial assistance from NAF (National Abortion Federation), to get help paying for your abortion procedure, please complete the information below

[] Decline Screening

Do you currently have? [] Medicaid [] Insurance paid by the state [] Other Health Insurance [] None

Total House hold size _____ Total Household monthly income \$ _____

Select your current housing situation

[] Home or Apartment [] with friends or family [] Homeless shelter or no housing of any kind

Emergency Contact Information: This Section MUST be completed.

Emergency Contact One:

NAME OF PERSON WHO IS DRIVING YOU HOME ON THE DAY OF YOUR PROCEDURE: _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____

Does this contact know why you are here? [] YES [] NO

Emergency Contact Two:

Name: _____ Relationship: _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____

Does this contact know why you are here? [] YES [] NO