

(Name of clinic)

Health services for women requiring abortion care

Medical History

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Government ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Referred by: \_\_\_\_\_

Insurance Plan: \_\_\_\_\_

Nationality: \_\_\_\_\_

Education level: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employment situation: \_\_\_\_\_

Romantic relationship: \_\_\_\_\_

Description of the situation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has already made the decision: \_\_\_\_\_ Alone: \_\_\_\_\_ Accompanied by: \_\_\_\_\_

Has not made a decision: \_\_\_\_\_

**Clinical History**

Sonogram	Date:	Date:	Date:	Date:

Date of last menstrual period (LMP):

Gestational age based on LMP \_\_\_\_\_ on \_\_\_\_\_

**Obstetric History**

Pregnancies: \_\_\_\_\_ Children (ages): \_\_\_\_\_

Births: \_\_\_\_\_

C-sections: \_\_\_\_\_ Date of last C-section: \_\_\_\_\_

Pregnancies not taken to term: \_\_\_\_\_ Miscarriages: \_\_\_\_\_

Induced abortions: \_\_\_\_\_ Method used to induce abortion: \_\_\_\_\_

Medical practice used, or Alternative and Complementary Medicine: \_\_\_\_\_

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**Risk factors:**

Blood type and RH factor: \_\_\_\_\_

Long term steroid treatment: \_\_\_\_\_

Severe anemia: \_\_\_\_\_

Blood clotting disorders: \_\_\_\_\_

Coronary or cardiovascular risk: \_\_\_\_\_

Last C-section: \_\_\_\_\_

IUD: \_\_\_\_\_

Frequent aspirin use: \_\_\_\_\_

**Useful information:** \_\_\_\_\_

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**Interviews:** \_\_\_\_\_

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