

## **Abortion Questionnaire**

The following information is to be completed by **the Patient**.

If you are uncomfortable filling out these forms in our waiting area, then please return them to the receptionist at the front desk. This questionnaire is designed to help identify your concerns and allow our staff to best help you. All the information you provide to us is completely confidential.

**Would you like to speak with a counselor regarding your decision to have an abortion?**  yes  no

**Please check any concerns you would like to discuss:**  None  Confidentiality

Not sure of your decision to have an abortion  Your relationship with your partner

Your relationship with your family  Wondering how you will feel emotionally afterwards

Your religious teachings or beliefs  Questions regarding the abortion procedure or aftercare

Possible complications during and after the procedure  Possible effects on future pregnancies

Questions regarding fetal development  Information on Parenting or Prenatal Care

Information on Adoption  Other \_\_\_\_\_

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**Please check all the reasons you are considering abortion:**

Not ready to Parent at this Time  Not in a Committed Relationship  Problems with Partner

Financial Problems  Want to Focus on Education  Medical/Health Concerns  Sexually Assaulted

Your Family is Already Complete  Partner's Family is Complete  You do not want to have Children

Partner does not want children  Someone is Pressuring You to Have an Abortion

Other ( please explain): \_\_\_\_\_

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**I will have a follow up exam in approximately three weeks:**

At this clinic (The exam is free; Birth control requires a pap smear and a minimal charge.)

At my own doctor's office  I will call when I decide

**I would like information on the following birth control methods:**  None

Birth Control Pills - You may receive a free sample pack today.

The Patch (OrthoEvra) – You may receive a free sample today.

The Vaginal Ring (Nuva Ring)  The 3 Month Shot (Depo-Provera injections)

Tubal Ligation  Vasectomy  Cervical Cap or Diaphragm  IUD  Condoms

Emergency Contraception

Other \_\_\_\_\_

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