The Pregnancy and Family and Family Life Center

SECTION 1

Wellness Program Participant Yes/No

First Name:	Last Name:	Maiden Name:
Address:		
City:	State:	Zip:
Date of Birth:	Age:	
Home Phone:	Work Phone:	Cell Phone:
Spouse/Boyfriend Name:		Spouse/Boyfriend Phone:
Email:		Job Title:

Is it OK for us to contact you? (Check 1 or more options)

❑ No ❑ Phone

Sex:

❑ Female
❑ Male
❑ Not Applicable

Ethnicity:

❑ African ❑ African American ❑ Asian
❑ Caucasian ❑ East Indian ❑ Haitian
❑ Hispanic ❑ Jewish ❑ Middle East
❑ Native American ❑ Other

Occupation/School:

Primary Language:

Pregnant: Yes No Due Date: ________ Boy/Girl OBGYN?______________ Pediatrician ________________

Case Intake (Client Questions)

1. How did you hear about us? (check one)

❑ CASA ❑ Friend/Relative ❑ Other Agency
❑ 800#/Hot Line ❑ CPS ❑ Heartbeat ❑ Worlds Greatest Baby Shower

❑ Advertisement ❑ Social Worker ❑ Internet ❑ Walk-in
❑ Center Brochure ❑ Drive By ❑ Newspaper ❑ School Counselor ❑ Web Site
❑ Church ❑ Facebook ❑ Laurie ❑ Tim ❑ WIC
❑ Clinic/Doctor ❑ Former Client ❑ Other ❑ Social Media ❑ Health Department

2. What outside help are you receiving? (check all that apply)

❑ Cash assistance ❑ Food Stamps ❑ Parents ❑ Medicaid ❑ Significant Other

❑ Child Support ❑ Friends/Family ❑ Insurance ❑ Other ❑ Welfare

❑ Church ❑ Health Insurance ❑ Other CPC ❑ WIC

3. What are your living arrangements? (check one)

❑ Alone ❑ Fiance ❑ Friend ❑ Grandparents ❑ Other ❑ Shelter

❑ Boyfriend ❑ Foster Parents ❑ Girlfriend ❑ Mother ❑ Parent/s ❑ Spouse

4. Who lives in the house with you?

Demographics

6. Income Level

❑ Dependent
❑ Unemployed
❑ Welfare/SSI
❑ $0-$14,000
❑ $15,000-$29,000
❑ $30,000-$44,000
❑ $45,000-$59,000
❑ $60,000+

7. Marital Status

❑ Divorced ❑ Remarried
❑ Engaged ❑ Separated
❑ Living Together ❑ Single
❑ Married ❑ Widowed
❑ Never Married

8. Religion

❑ Atheist
❑ Buddhist
❑ Christian
❑ Christian (Catholic)
❑ Hindu
❑ Jehovah's Witness
❑ Jewish
❑ Mormon
❑ Muslim / Islam
❑ Native American
❑ None
❑ Other
❑ Sikhism
❑ WICCA

9. Student Status

❑ Middle School or Jr. High
❑ High School/Grade completed -----
❑ College or University
❑ Trade School/Other

10. Education (highest level completed)

❑ Less than High School ❑ Graduated College
❑ High School or GED ❑ Graduate School
❑ Some Graduate School ❑ Trade School
❑ Some College

Health History

12. Do you have any pre-existing medical conditions? (check all that apply)

❑ HTN ❑ Diabetes ❑ Asthma ❑ Kidney problems ❑ Eating Disorder ❑ Heart problems ❑Hep C

❑ Anxiety/Depression/Substance abuse ❑ Other

13. Have you had any surgeries? ❑ Yes ❑ No If yes, please list procedure and year below:

14. Are you currently taking any medications? ❑ Yes ❑ No If yes, please list below:

Medical

15. What is the primary reason for this visit?

17. Are you currently under the care of a physician? ❑ Yes ❑ No If yes, when did it begin? ____________________

18. When was the last time you used?

❑ Alcohol ❑ Cigarettes ❑ Heroin ❑ Marijuana ❑ Prescription Drugs ❑ Methadone

20. Are you a victim of abuse? (check all that apply)

❑ Mental/Verbal ❑ Physical ❑ Rape ❑ Sexual

Psychological

21. Have you had thoughts of suicide? ❑ Yes ❑ No ❑ In the Past

22. Have you ever attempted or planned to commit suicide? ❑ Yes ❑ No Year? ______

Pregnancy History

24. Number of Prior Births	25. Number of Prior Abortions/Year	26. Number of Prior Miscarriages

Children/ All Members of Household

Please list children for each birth specified in the prior section

First Name	Last Name	Date of Birth	Sex	School/Work	Disability
			❑ M ❑ F		❑ Yes ❑ No
			❑ M ❑ F		❑ Yes ❑ No
			❑ M ❑ F		❑ Yes ❑ No
			❑ M ❑ F		❑ Yes ❑ No
			❑ M ❑ F		❑ Yes ❑ No

Visit Information

If this is a return visit, select the visit purpose:

❑ Crisis ❑ Baby/Maternity Supplies ❑ Bible Study ❑ Center Event
❑ Prenatal/Well Baby ❑ Counseling ❑ El Sol ❑ Physical Exam
❑ EWYL Group ❑ EWYL Individual ❑ Other ❑ Post-Abortion Recovery
❑ Pregnancy Test ❑ Referrals/ Resources ❑ STD Screening ❑ Ultrasound

This facility is a non-profit medical clinic. All of our services are free. The medical services are provided by licensed medical professionals, mostly volunteers. Pregnancy tests are 97% accurate, however, a physician must be consulted to confirm findings whether test is positive or negative. Our Client Advocates are lay people, not necessarily licensed or degreed personnel. The counseling obtained here is not intended to substitute for professional counseling. Our clinic and its agents do not consent to being recorded in any manner. All information is kept confidential except if child abuse reporting laws apply or if we believe you are in danger of hurting yourself or others. Our clinic does not perform or refer for abortion.

I have read and understood the above and hereby authorize the staff of this clinic to render whatever services are necessary for my care.

DATE: ______________________________ PATIENT SIGNATURE: ____