



Client Name: _____ Date: _____

Welcome to WHC Portage. Your comments are important to us. Any information you choose to share will help us provide you with the best possible care today. We respect your choice to not answer any question. We keep all client information confidential.

How do you feel about having an abortion today?

Check any concerns you have today:

- | | |
|--|--|
| <input type="checkbox"/> Not sure about my decision | <input type="checkbox"/> Confidentiality |
| <input type="checkbox"/> Relationship with partner | <input type="checkbox"/> Not sure about other options |
| <input type="checkbox"/> Religious teachings/beliefs | <input type="checkbox"/> Relationship with family |
| <input type="checkbox"/> Pain during/after the procedure | <input type="checkbox"/> Sexual assault |
| <input type="checkbox"/> Possible effects on future pregnancy | <input type="checkbox"/> Emotional feelings afterwards |
| <input type="checkbox"/> Possible complications during/after an abortion | <input type="checkbox"/> No concerns |
| <input type="checkbox"/> Other: _____ | |

Please rate your anxiety from 1 to 5: (*not nervous*) 1 2 3 4 5 (*very nervous*)

Would you like to be referred to an Aboriginal Elder for spiritual support?

- Yes No

What's your birth control/STI protection plan? If you need information, supplies, or a prescription we can provide that for you today

- | | | |
|---|---|--|
| <input type="checkbox"/> Birth control pills | <input type="checkbox"/> Sample of BC / Rx for BC | <input type="checkbox"/> Birth control patch |
| <input type="checkbox"/> Vaginal ring | <input type="checkbox"/> Injection (Depo Provera) | <input type="checkbox"/> IUD/IUS (Mirena) |
| <input type="checkbox"/> Condoms (male or female) | <input type="checkbox"/> Contraceptive film/foam | <input type="checkbox"/> STI Protection |
| <input type="checkbox"/> Emergency contraception | <input type="checkbox"/> Tubal Ligation/vasectomy | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Other _____ | | |

I have made a decision to have an abortion today

- Yes No