



WHC#: \_\_\_\_\_  
*for office use only*

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*mm dd yyyy*

**Please print your name as it appears on your Manitoba Health Card\***

*\*If you do not have a Manitoba Health Card please notify the front desk.*

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_

Do you go by any other names? \_\_\_\_\_ Pronouns (ie. she/her, they/them)? \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Manitoba Health Card # (9 digit): \_\_\_\_\_ (6 digit): \_\_\_\_\_  
*mm dd yyyy*

\*Passport Number: \_\_\_\_\_  
*\*(if you do not have provincial health card)*

\*Private Insurance Information: \_\_\_\_\_  
*\*If you have private coverage (Blue Cross, Guard Me, Great West Life, etc.)*

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

How long you have lived in Canada: \_\_\_\_\_ Do you require an interpreter?  No  Yes \_\_\_\_\_  
*If yes, what language?*

Please provide the following numbers if you have them: \_\_\_\_\_  
*(Treaty #) (Employment & Income Assistance #)*

What are the best numbers to reach you at?

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Can we leave a message and say it's WHC?  Yes  No\* Can we send you mail/email?  Yes  No\*  
*\*If you have privacy/safety concerns about us contacting you please let the front desk know.*

Email address: \_\_\_\_\_

**In case of emergency, we can contact:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**Signature:** \_\_\_\_\_



Do you have any allergies?  Yes  No If yes, please list: \_\_\_\_\_

Has a doctor ever told you that you should not take anti-inflammatory medication?  Yes  No

Have you had any serious reactions to anesthesia?  Yes  No  
If yes, please describe: \_\_\_\_\_

Do you take any medications?  Yes  No If yes, please list: \_\_\_\_\_

Have you had a Pap test?  Yes  No If yes, when: \_\_\_\_\_

Do you smoke?  Yes  No

**Please check off any of the following conditions you currently have, or have had in the past**

- Blood disorder(s)
- Anemia
- Blood clot leg, lung, brain
- High Blood Pressure
- Liver disease
- Kidney disease
- Other: \_\_\_\_\_
- Heart disease
- Diabetes
- Gall Bladder Issues
- Migraines
- Seizures
- Adrenal disease
- Stomach ulcer/Crohn's disease
- Depression
- Uterine irregularity
- IUD currently in place
- Asthma
- Currently taking Methadone

Please give details for those items you have checked: \_\_\_\_\_

**Family history**

- Breast cancer before the age of 50
- Clotting disorder
- Bleeding disorder

**Pregnancy History**

Please enter the **number of times** you have experienced the following

Pregnancy	
Vaginal Birth	
C-Section	

Ectopic (tubal) pregnancy	
Miscarriage	

Abortion	
Other	

Please check off any of the following which apply **during this pregnancy**

- Breastfeeding
- Vaginal bleeding
- Vomiting (how many times per day)

Please list any non-prescription drugs, recreational drugs, herbs and alcohol you have taken in the last 24 hours: \_\_\_\_\_

\_\_\_\_\_

Please list what you have had to eat and drink today, and what time you had them:

\_\_\_\_\_

\_\_\_\_\_

***This section to be completed by Nurse***

**Contraceptive Eligibility**

Client is eligible for:

All contraception

The Following contraception options are excluded based on medical history:

- Hormonal (estrogen)       IUD  
 Hormonal (progesterone)       Latex Condoms

**Medication Abortion Eligibility**

- No contraindications in medical history for medication abortion  
 Eligible and interested in medication abortion  
 Eligible but not interested in medication abortion  
 Not eligible for medication abortion - having aspiraton abortion

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reviewed by: RN \_\_\_\_\_ MD \_\_\_\_\_



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 information on birth control (BC) or protection from sexually transmitted infections (STI's):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Birth control pills            | <input type="checkbox"/> Sample of BC/BC prescription | <input type="checkbox"/> Birth control patch |
| <input type="checkbox"/> Vaginal ring                   | <input type="checkbox"/> Injection (Depo Provera)     | <input type="checkbox"/> IUD/IUS             |
| <input type="checkbox"/> Condoms (internal or external) | <input type="checkbox"/> Contraceptive film/foam      | <input type="checkbox"/> Not sure            |
| <input type="checkbox"/> Emergency contraception        | <input type="checkbox"/> Other: _____                 |  |

If this is a multiple pregnancy, would you like to be informed?

- Yes       No

I have made a decision to have an abortion today

- Yes       No



**TODAY:**

- » Take one tablet of mifepristone today.
- » There is a small risk of light bleeding and cramps. Manage cramps by taking ibuprofen (Advil® or Motrin®) or naproxen (Aleve®).
- » Drink lots of fluids.
- » Wear a large maxi pad, in case you begin bleeding.

**24-48 HOURS AFTER TAKING MIFEPRISTONE:**

- » Wear a large maxi pad and change it as needed.
- » Place 2 tablets of misoprostol in each cheek (4 tablets total).
- » Keep the pills in your cheeks for 30 minutes.
- » Swallow what is left of your pills by drinking a glass of water.

***What to Expect:***

**After taking the first pill (mifepristone) you may:**

- » Have bleeding and cramps, however most people will not have any side effects from this medication.

**After taking the second set of pills (misoprostol), you may:**

- » Experience nausea, chills, cramps, upset stomach, fever, and diarrhea.
- » Have moderate to very severe cramps and increased bleeding 30 minutes to 4 hours after taking the 4 misoprostol pills. Cramps and bleeding will become more intense, usually until the pregnancy has passed.
- » Have clots as large as lemons.
- » Have very light bleeding or spotting for a few weeks afterwards.

**Cramps**

- » May be very intense as the pregnancy passes.
- » May reduce if you rest and apply a hot water bottle or heating pad.
- » Take ibuprofen (Motrin® or Advil®) or naproxen (Aleve®).
- » Do not take ASA (Aspirin®) for pain - it may increase bleeding.

**Call the Emergency On-Call number you were given or proceed to the nearest emergency room if you:**

- » Soak 4 or more maxi pads in 2 hours.
- » Pass very large blood clots (larger than the size of a lemon).
- » Have a fever: 38.0° C or 100.4° F or higher for more than 4-6 hours or develop a fever 24 hours after taking misoprostol.
- » Have chills or shaking 24 hours after taking misoprostol.
- » Have unusual vaginal discharge (green or yellow in colour) or discharge that has a bad odour.

If you are admitted to the hospital or you need to seek help from another health care provider due to complications from your abortion, please call WHC to let us know at 204-947-2422 ext. 200.

**For non-urgent questions/concerns please call us at 204-947-2422 ext. 200.**

### ***After your medication abortion***

The following are normal after a medication abortion:

**Within 24-48 hours:** Nausea, vomiting and breast tenderness lessen.

**Within 1-2 weeks:** Pregnancy symptoms (fatigue, bloating, and mood changes) lessen. Pregnancy hormones can stay in your body after a pregnancy has ended. It is possible to still have a positive pregnancy test within 6 weeks of an abortion.

**Within 4-6 weeks:** You should have a normal period.

Important: You can get pregnant at any time after your medication abortion. If you are concerned about pregnancy, follow the birth control plan you talked about with our staff. Prevent sexually transmitted infections by always using a condom when you have sex. If you have unprotected sex, a condom breaks, or you miss taking your birth control pill, you can take the Emergency Contraceptive Pill (Plan B). You can get it without a prescription at community health clinics, hospital emergency departments and most pharmacies.

### ***Follow-Up***

During your initial appointment at WHC, you will receive a requisition for blood work. It is important that you have blood work completed at a lab of your choosing 1 week after your appointment. You will receive a follow-up with WHC to ensure the pregnancy has passed. If you would like to have an IUD inserted, please let us know during your initial appointment at WHC.