

Appointment Form

Appointment Date: _____

Vac: ____ \$450 (5.3 - 13.6 wks)

Appointment Time: _____

Med: ____ \$500 (5.3 - 10.3 wks)

Time Change: Y/ N: ____

If patient is a minor: Parent will be present? Yes/No ____

Parent and minors ID and Birth Certificate reminder: _____

Name of person making appointment if not patient: _____ Last 4 SSN: _____

Relationship to patient: _____ Alternate phone #: _____

Does patient speak English? Yes/No: ____ (Must bring translator if "NO")

Positive Pregnancy Test? Yes/No: ____ Where _____

C-Section in the last 12 mos.? Yes/No: ____ If "YES", Date: _____

Last Menstrual Period: _____ Normal? Yes/No: ____ If "NO", last NORMAL period: _____

Medical History: (Do you have any of the following medical conditions?)

Heart Murmur/MVP: Y/N: ____

Asthma: Y/N: ____ Use an inhaler?: Y/N: ____ If "Yes: bring with you: _____

Diabetes: Y/N: ____ On Insulin? Y/N: ____ If "YES" must bring last 2 wks sugar log: _____

Siezuers? Y/N: ____ Date of last one? _____ Cause: _____

TB exposure or infection: Y/N: ____

Heart Disease: Y/N: ____

Bleeding Disorders/Blood Clot Problems: Y/N: ____

Medication Allergies: _____

Current Medications: _____

Under Medical treatment for anything? _____

Been a patient here before? Y/N: ____ What year? _____ Under what name? _____

Blood Type: Pos/Neg/Unkown: _____

Important Reminders: (Initial next to each to acknowledge)

Expect to be here 3-5 hrs: _____

Eat a light breakfast (No greasy, spicy or fried foods): _____

Wear comfortable 2-piece outfit (pants & shirt), to be able to undress from the waist down. No rompers, dresses, or skirts. Bring a jacket. Wear full back underwear a pad can easily be placed into (No thongs): _____

MUST HAVE PHOTO ID WITH DOB (Drivers License, State/Military ID, Passport) or we WILL NOT do procedure: _____

Only 1 guest allowed (will not need a driver for either procedure, guests are optional, not required): _____

SAFETY PRECAUTIONS!!:

NO Children allowed in building: _____

NO Bags, Purses, Backpacks allowed in building: _____

NO Outside Food or Drinks allowed in building: _____

May only bring keys, wallet, cell phone, & paperwork into building! This is for procedure date AND follow up date! _____

FOR STAFF USE ONLY:

Website: AboutAbortion.org: _____

Paperwork on website, fill out and bring in for appointment: _____

Directions on website (address, photo of building, written directions), DON'T use Google! _____

Women's Clinic Sign: _____

Staff Initials: _____ Date: _____