

**Services for Caregiver/Adult or Adolescent?**

- Caregiver/Adult**
  - Which care giver was involved? (Client Name) \_\_\_\_\_
- Adolescent**
  - Which care giver was involved? (Client Name) \_\_\_\_\_

Date of Activity: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Program Client enrolled in:**

- Family Planning**
- MCH**
- PMI**
- TPTCM**

**Population served (Select one):**

- Women (22-44)**
- Male**
- Adolescent (12-21)**

**Have you ever been pregnant and/or delivered a child?**

- Yes - What was the date your last pregnancy ended/delivered? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**
- No**

**Would you like to become pregnant in the next year?**

- YES**
  - Educated on:**
    - Birth Spacing**
    - Folic Acid**
    - Health Risks**
  - Referred for pre/interconception care?**
    - Yes**
      - Referred to:**
      - OB/GYN**
      - Family Physician**
      - Safety Net Clinic (FQHC, Rural Health Clinic, income based or free clinic)**
      - MCH Program**
      - Family Planning**
      - Other, please specify: \_\_\_\_\_**
    - No**
      - Why? Barrier to referral:**
      - No referral source readily available**
      - Inconvenient service times or locations**
      - No Health Insurance**
      - Client cannot afford care**
      - Lack of transportation or childcare**
      - Lack of linguistically or culturally tailored services**
      - Other, please specify: \_\_\_\_\_**

**OK EITHER WAY**

- Educated On:**
  - Birth Spacing**
  - Folic Acid**
  - Health Risks**
- Referred for pre/interconception care?**
  - Yes - Referred to:**

- 
- OB/GYN**
  - Family Physician**
  - Safety Net Clinic (FQHC, Rural Health Clinic, Income based or free clinic)**
  - MCH program**
  - Family Planning**
  - Other, please specify:** \_\_\_\_\_
  
  - No - Why? Barrier to referral:**
    - No referral source readily available**
    - Inconvenient service times or locations**
    - No Health Insurance**
    - Client cannot afford care**
    - Lack of transportation or childcare**
    - Lack of linguistically or culturally tailored services**
    - Other, please specify:** \_\_\_\_\_
  
  - Currently on birth control?**
    - Yes - Current method:**
      - IUD**
      - Implant**
      - Depo-Provera**
      - Ring**
      - Patch**
      - Pills**
      - Diaphragm**
      - Condoms (male or female)**
      - Sponge**
      - Spermicide**
      - Cervical Cap**
      - Natural Family Planning/Fertility Awareness**
      - Sterilization (client or partner)**
      - Withdraw**
      - Other, please specify:** \_\_\_\_\_
  
    - Discussed current birth control effectiveness, side effects and desired outcome?**
      - Yes**
      - No**
  
    - Current birth control method changed?**
      - Yes - Reason for Switch**
        - More effective method**
        - Side effects of current method**
        - Cost of current method**
        - Convenience**
        - Other, please specify:** \_\_\_\_\_
  
      - No**
        - If not currently on birth control, was a birth control method initiated?**
          - Yes - Type initiated:**
            - IUD**
            - Implant**
            - Depo-Provera**
            - Ring**
            - Patch**
            - Pills**
            - Diaphragm**
            - Condoms (male or female)**
            - Sponge**
            - Spermicide**
            - Cervical Cap**
            - Natural Family Planning/Fertility Awareness**

## One Key Question Form

- Sterilization (client or partner)
- Withdraw
- Other, please specify: \_\_\_\_\_
- Client did not want
  - Why? Please tell us: \_\_\_\_\_
- Referred for birth control initiation
  - Did client accept the referral for birth control initiation?
    - Yes -Referred to:
      - OB/GYN
      - Family Physician
      - Safety Net Clinic (FQHC, Rural Health Clinic, income-based or free clinics)
      - MCH Program
      - Family Planning
      - Other, please specify: \_\_\_\_\_
    - No - Why? Barrier to referral
      - No referral source readily available
      - Inconvenient service times or locations
      - No Health Insurance
      - Client cannot afford care
      - Lack of transportation or childcare
      - Lack of linguistically or culturally tailored services
      - Other, please specify: \_\_\_\_\_
- **UNSURE**
  - Educated on:
    - Birth Spacing
    - Folic Acid
    - Health Risks
  - Referred for Pre/interconception Care?
    - Yes - Referred to:
      - OB/GYN
      - Family Physician
      - Safety Net Clinic (FQHC, Rural Health Clinic, income based or free clinics)
      - MCH Program
      - Family Planning Program
      - Other, please specify: \_\_\_\_\_
    - No - Why? Barrier to referral:
      - No referral source readily available
      - Inconvenient service times or locations
      - No Health Insurance
      - Client cannot afford care
      - Lack of transportation or childcare
      - Lack of linguistically or culturally tailored services
      - Other, please specify \_\_\_\_\_
  - Currently on birth control:
    - Yes - Current method:
      - IUD
      - Implant
      - Depo-Provera
      - Ring
      - Patch
      - Pills
      - Diaphragm
      - Condoms (male or female)
      - Sponge

- Spermicide
- Cervical Cap
- Natural Family Planning/Fertility Awareness
- Sterilization (client or partner)
- Withdraw
- Other, please specify: \_\_\_\_\_
  
- Discussed current birth control effectiveness, side effects and desired outcome:
  - Yes
  - No
  
- Current birth control method changed?
  - Yes
    - Reason for switch:
      - More effective method
      - Cost of current method
      - Convenience
      - Other, please specify: \_\_\_\_\_
  - No
    - If not currently on birth control, was a birth control method initiated?
    - Yes - Type initiated:
      - IUD
      - Implant
      - Depo-Provera
      - Ring
      - Patch
      - Pills
      - Diaphragm
      - Condoms (male or female)
      - Sponge
      - Spermicide
      - Cervical Cap
      - Natural Family Planning/Fertility Awareness
      - Sterilization (client or partner)
      - Withdraw
      - Other, please specify: \_\_\_\_\_
  
- Client did not want birth control
  - Why? Please tell us: \_\_\_\_\_
  
- Referred for birth control initiation:
  - Did client accept the referral for birth control initiation?
    - Yes - Referred to:
      - OB/GYN
      - Family Physician
      - Safety Net Clinic (FQHC, Rural Health Clinic, income based or free clinics)
      - MCH Program
      - Family Planning Program
      - Other, please specify: \_\_\_\_\_
    - No - Why? Barrier to referral:
      - No referral source readily available
      - Inconvenient service times or locations
      - No Health Insurance
      - Client cannot afford care
      - Lack of transportation or childcare
      - Lack of linguistically or culturally tailored services
      - Other, please specify: \_\_\_\_\_

**NO**

- **Currently on birth control:**
  - **Yes - Current method:**
    - IUD
    - Implant
    - Depo-Provera
    - Ring
    - Patch
    - Pills
    - Diaphragm
    - Condoms (male or female)
    - Sponge
    - Spermicide
    - Cervical Cap
    - Natural Family Planning/Fertility Awareness
    - Sterilization (client or partner)
    - Withdraw
    - Other, please specify: \_\_\_\_\_
  - **Discussed current birth control effectiveness, side effects and desired outcome:**
    - Yes
    - No
  - **Current birth control method changed?**
    - **Yes**
      - Reason for switch:
      - More effective method
      - Cost of current method
      - Convenience
      - Other, please specify: \_\_\_\_\_
  - **No**
    - **If not currently on birth control, was a birth control method initiated?**
      - **Yes - Type initiated:**
        - IUD
        - Implant
        - Depo-Provera
        - Ring
        - Patch
        - Pills
        - Diaphragm
        - Condoms (male or female)
        - Sponge
        - Spermicide
        - Cervical Cap
        - Natural Family Planning/Fertility Awareness
        - Sterilization (client or partner)
        - Withdraw
        - Other, please specify: \_\_\_\_\_
    - **Client did not want birth control**
      - **Why? Please tell us:** \_\_\_\_\_
    - **Referred for birth control initiation**
      - **Did client accept the referral for birth control initiation?**
        - **Yes - Referred to:**
          - OB/GYN
          - Family Physician
          - Safety Net Clinic (FQHC, Rural Health Clinic, income

## One Key Question Form

---

- based or free clinics)
- MCH Program
- Family Planning Program
- Other, please specify: \_\_\_\_\_
- No**
  - Why? Barrier to referral:**
    - No referral source readily available
    - Inconvenient service times or locations
    - No Health Insurance
    - Client cannot afford care
    - Lack of transportation or childcare
    - Lack of linguistically or culturally tailored services
    - Other, please specify \_\_\_\_\_

**Emergency contraception provided:**

- Yes**
- No**
- NA**