THE LITTLE WHITE SHEET
To be completed by Advocate

PATIENTS NAME: _____

ID? YES / NO   DOB: _____

PREVIOUS PATIENT? YES / NO

RACE: _____   LMP: _____

PREGNANCY TEST? YES / NO   POS / NEG   DATE: _____
   this cycle

PER SCHEDULING LINE INTAKE: UNDISCLOSED   ADOPT   PARENT   AIO   A

PATIENT STATED INTENTION: ABORT   ADOPT   PARENT
                        circle all that apply

PATIENT'S AVR: LIKELY TO CARRY   LOW RISK   HIGH RISK   MOST AT RISK
            according to pg4 of Patient Intake or pg1 of Rpt PT Intake

WHEN ASKED INTENTION PATIENT STATED, "I don't know" OR "probably...,"
I CLARIFIED HER OPTIONS: YES / NO