

## Repeat Pregnancy Test Intake

### TO BE COMPLETED BY ADVOCATE BEFORE MEETING WITH PATIENT

☐ North Office ☐ West Office

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

Date First Seen \_\_\_\_\_ Today's Date \_\_\_\_\_ LMP \_\_\_\_\_ FOB \_\_\_\_\_

Previous AVR (Found on pg4-Patient Intake) \_\_\_\_\_ Intention from previous visit (Found on pg3-Patient Intake) \_\_\_\_\_

Did patient state she believed in Christ FOR THE FIRST TIME at initial appointment? YES NO

### AVR Chart to be copied from previous appointment:

PTS	Risk Factors	Patient Details (Complete Applicable Lines)			
	Still in School – hs/college/grad				
	15 and under OR 35 and over (1pt)				
	Person of Influence supports abortion (2pts)				
	Person of Influence pressure to abort (4pts)				
	Previous Abortions (1pt/abortion – max 4pts)				
	Financial Pressure (1pt)				
	Single (2pts)				
	Child living with Patient (1pt/child – max 4pts)				
	Patient recently gave birth–Child 23mos or younger (2pts)				
	Not in relationship with FOB/Uncertain of FOB (3pts)				
	Intention is Abortion - *A (7pts)				
	Abortion is an Option - *AIO (4pts)				
		KEY:	Likely to Carry = 0-1	Low Risk = 2-5	High Risk = 6-10
					Most at Risk = 11+
Total=	Abortion Vulnerability				

DID ADVOCATE REVIEW PATIENT CHART BEFORE TAKING PATIENT BACK FOR APPOINTMENT? YES NO

### Patient Update:

Have you had a period since your last appointment? \_\_\_\_\_

*(If date falls after patient was here for her initial Pregnancy Test, switch to 6-page Patient Intake Form)*

How are you feeling about potentially being pregnant? \_\_\_\_\_

Your most recent stated intention was to: " \_\_\_\_\_ " *(Do not ask patient this, Intention is transferred from above)*

Is that still your intention? *Direct Quote:* \_\_\_\_\_

Have you told anyone that you might be pregnant? \_\_\_\_\_

If so, how are they feeling about the pregnancy? \_\_\_\_\_

Have you and the Father talked things over since your last visit? \_\_\_\_\_

Has anything happened to change his opinion about the outcome of your pregnancy? \_\_\_\_\_

Have you had a chance to look over the information we gave you? \_\_\_\_\_

Do you need copies of anything? \_\_\_\_\_

Has your phone number changed? \_\_\_\_\_

Did anyone come with you today? **Y N** Who? \_\_\_\_\_

Do you want them in the US room with you? **Y N** *(If so, prep Patient for US process)*

**IF** patient stated she believed in Christ **for the first time** at her initial appointment, ask:

- Does she need a church referral? **Y or N**
- Was she interested in Bible Study? **Y or N** *(If yes, refer on PSA)*
- If she has any questions?

**Time Advocate arrives in  
Medical Services:**

**Repeat Pregnancy Test Results**☐ Positive ☐ Negative

Patient Name: \_\_\_\_\_

**Time LMS gives specimen  
instructions to Patient:****Time Ultrasound Session  
Begins:****Any previous abortions revealed to the Licensed Medical Staff?**Y / N If yes, how many? \_\_\_\_\_ \*This is not asked on a Negative RPT PT**Ultrasound Information**

- ☐ Ultrasound is offered
  - ☐ Patient accepts
  - ☐ Patient declines
  - ☐ Patient is rescheduled
- ☐ Ultrasound is administered
- ☐ No Ultrasound
- ☐ Patient declined guest in US
- ☐ Guests joined Patient for US: *(list who & relationship)*

**To be completed by Licensed Medical Staff while patient is dressing:**

- ☐ Viable Pregnancy ☐ Nonviable Pregnancy
- ☐ Inconclusive ☐ Twins
- ☐ Medical Care Advised

Gestational age \_\_\_\_\_ (weeks) \_\_\_\_\_ (days)

EDD \_\_\_\_\_

*Signature of Licensed Medical Staff***Ultrasound Room Notes, Non-medical**

- ☐ Patient accepted/declined US pictures
- ☐ Patient looked at/declined/fetal models not offered
- ☐ Patient smiled/laughed
- ☐ Patient asked questions
- ☐ Patient commented on how far along she is
- ☐ Patient asked if everything looked okay
- ☐ Patient asked about conception dates
- ☐ Patient had no emotion/quiet
- ☐ Patient cried/tearful, appeared sad
- ☐ Patient cried/tearful, appeared happy
- ☐ Patient looked away/covered her eyes
- ☐ Patient wanted guest in the room whole time
- ☐ Patient held hands/smiled with her guest
- ☐ Patient pointed out baby to her child/guest
- ☐ Guest had no emotion/quiet/asked questions
- ☐ Guest smiled/laughed

**NOTE TO ADVOCATE: This decision is to be made with the Licensed Medical Staff in accordance with the Repeat US Action Plan.****Time Ultrasound Session  
Ends:****PATIENT DOES NOT RETURN IF SHE HAS HAD 4 ULTRASOUNDS (INCLUDING TODAY) OR...**

- ☐ Likely to Carry – (EVEN IF no U/S performed)
- ☐ Low Risk – Intending to parent (EVEN IF no U/S performed)
- ☐ High Risk/Most at Risk – Planned to carry at previous appointment (EVEN IF viability not confirmed)

**BRING PATIENT BACK IN ONE WEEK IF...**

- ☐ High Risk/Most at Risk – at first visit (PT appt)
- ☐ \*Abort/\*Abortion is an Option at this appt
- ☐ \*Abort/\*Abortion is an Option at end of previous appt

**If scheduling decision made outside of this Action Plan, Please Explain:** \_\_\_\_\_**Patient's Stated Intention to the Licensed Medical Staff**

Abort      Adopt      Parent

Is there anything else that we can help you with? \_\_\_\_\_

Was a return appointment made? **Yes/No** If so, when? \_\_\_\_\_

- ☐ LMS presented the Abortion Procedures, Risks and Side Effects-Yes/No?
- ☐ Patient revealed that she has an Abortion Scheduled-Yes/No? Date: \_\_\_\_\_
- ☐ PSA Copy filed in chart?

**Time Session Ends:**

Advocate Signature \_\_\_\_\_ Date \_\_\_\_\_