

**Whole Woman's Health of Austin**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

- 1. Please mark the concerns you have today:
 

<input type="checkbox"/> I don't understand how an abortion is done <input type="checkbox"/> I'm not sure of my decision <input type="checkbox"/> I'm afraid people will find out/ judge me <input type="checkbox"/> I know I will regret the abortion <input type="checkbox"/> Will this hurt? <input type="checkbox"/> My relationship with my partner or family <input type="checkbox"/> My religious or spiritual beliefs <input type="checkbox"/> I don't have anyone to talk to about it	<input type="checkbox"/> I'm wondering how I'll feel after <input type="checkbox"/> I'm worried about how to avoid getting pregnant again <input type="checkbox"/> I'm worried I won't be able to get pregnant when I want to <input type="checkbox"/> Possible complications during and after the abortion <input type="checkbox"/> Other: _____
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2. Circle all the words that describe how you feel: Sad Happy Angry Confident Guilty  
 Confused Scared Relieved Numb Ashamed Resolved Selfish Trapped  
 Irresponsible Peaceful Disappointed Comfortable Grieving Lost Helpless Mean  
 Strong Worried Relaxed Powerful Nervous Nauseated Hungry  
 Any others? \_\_\_\_\_

3. What is the name of the person who came with you today? \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Daytime phone number: \_\_\_\_\_  
 If possible, would you like this person to be with you in:  
 ultrasound  discuss medical history  labwork  counseling  abortion procedure  aftercare

4. Was this decision difficult or easy for you? \_\_\_\_\_

5. Whose decision is it for you to have this abortion? \_\_\_\_\_

6. Have you discussed this decision with anyone? If so, whom? \_\_\_\_\_

7. Does the man involved know about your decision? If so, is he supportive? \_\_\_\_\_

8. What are your thoughts about ending this pregnancy? \_\_\_\_\_

9. Have you had any difficult experiences with pregnancy in the past? \_\_\_\_\_

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**You will fill this part out during individual counseling with your counselor:**

The following information has been discussed with the patient

- The patient has considered all her options: abortion, adoption, and parenting
- The patient has made her own decision to have an abortion and expresses confidence in that decision
- We discussed the procedure, aftercare, and prescriptions
- We have discussed birth control methods

I, \_\_\_\_\_, have been informed of all the information listed above.  
 Patient Signature

I, \_\_\_\_\_, have discussed the above information with the patient.  
 Counselor Signature

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