

Whole Woman's Health of Baltimore

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: _____
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? _____

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: _____

