



Whole Woman's Health Counseling Worksheet

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 wondering how I'll feel after |
| <input type="checkbox"/> I'm not sure of my decision | <input type="checkbox"/> I'm worried about how to avoid getting pregnant again |
| <input type="checkbox"/> I'm afraid people will find out/ judge me | <input type="checkbox"/> I'm worried I won't be able to get pregnant when I want to |
| <input type="checkbox"/> I know I will regret the abortion | <input type="checkbox"/> Possible complications during and after the abortion |
| <input type="checkbox"/> Will this hurt? | <input type="checkbox"/> Other: _____ |
| <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 | |

2. Select how you feel (hold shift to select more than one):

Any others? _____

3. What is the name of the person who came with you today? _____

Relationship: _____ Daytime phone number: _____

4. Whose decision is it for you to have this abortion? _____

5. Was this decision difficult or easy for you? _____

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 have discussed the risks of abortion, both medical & surgical options
- We have discussed the risks and alternatives of anesthesia
- We reviewed any questions about the procedure, aftercare, and prescriptions
- We have discussed birth control methods

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

The patient watched the educational DVD and I, _____, have
discussed the above information with the patient.
Counselor Signature

Counselor Notes: _____

