

Policy and Procedures Manual

Abortion Recovery Client Intake Form

We're so glad you took the step to ask for help. We will do all that we can to walk with you through this time. Please fill out the following intake form. These questions are designed as an initial step to help us assess your needs. We understand the sensitive nature of these issues and that it may be difficult for you to reveal this information. Please do the best you can and understand your confidentiality is highly respected.

General Information:

Date: _____ OK to: _____ Text _____ Email _____ Call _____
Name: _____
Address: _____
Phone: (personal) _____ (work) _____
Age: _____ Race: _____ Referred by: _____
Marital Status (circle one): Single Separated Divorced Married Widowed
What is your spiritual background? _____ Religion: _____
Church: _____
Occupation: _____ School: _____

Pregnancy Related:

How many children have you carried to term (if applicable)? _____
What are the ages of your children (if applicable)? _____
How many other pregnancy losses have you suffered (still-born or miscarriages)? _____
Have you placed a child in adoption? If so when? _____

Abortion Related: How many abortions have you had? _____

How strongly do you want help in dealing with your past abortion(s)?

Strongly Very Strongly Moderately It Could Wait

Were any of your abortion(s)/pregnancies due to rape? _____

1st abortion -- How old were you? _____ Marital Status: _____

What type of abortion did you experience (medical, surgical, late term, etc.): _____

Physical complications incurred: _____

Main reason for aborting: _____

Did you feel pressured into having the abortion? _____

2nd abortion -- How old were you? _____ Marital Status: _____

What type of abortion did you experience (medical, surgical, late term, etc.): _____

Physical complications incurred: _____

Main reason for aborting: _____

Did you feel pressured into having the abortion? _____

3rd abortion -- How old were you? _____ Marital Status: _____

What type of abortion did you experience (medical, surgical, late term, etc.): _____

Physical complications incurred: _____

Main reason for aborting: _____

Did you feel pressured into having the abortion? _____

Are you currently under psychiatric care? _____