

FEMI-CARE SURGERY CENTER
PATIENT EMOTIONAL EVALUATION RECORD

Patient Name _____

How are you feeling today?

_____	anxious/tense	_____	sick	_____	embarrassed
_____	scared	_____	frustrated	_____	calm/relaxed
_____	preoccupied	_____	upset	_____	pressured
_____	other (explain)				

Your abortion decision:

Reason for your abortion choice:

_____ unable to financially support at this time
_____ do not want to be a single parent
_____ do not want to be married right now
_____ wants no more children
_____ never want to have children
_____ pregnancy would cause serious conflict within the relationship
_____ want to finish school and/or pursue a career
_____ for medical reasons: medication taken, x-rays,
hereditary illness, etc.
_____ other _____

Are you:

_____ having any moral, religious or emotional conflict
_____ having no conflict in making your decision
_____ having some mixed feelings, but have made my decision to have
the abortion without being forced to do so

Do you have a realistic assessment and have considered all alternatives?

_____ YES _____ NO

Who was involved in your decision?

_____	Partner	_____	Parents	_____	Sister/Brother
_____	Husband	_____	Friend	_____	No one else

If someone was involved, were they supportive in your decision?

_____ YES _____ NO

Patient Signature _____

Date _____

PHYSICIAN'S COUNSELING CHECKLIST (PHYSICIAN ONLY)

- _____ The procedure and complications were explained.
- _____ The consent form was read by the patient and signed.
- _____ The patient was reminded that she can change her mind up to the time that the abortion has begun.
- _____ Instructions, risks, and/or complications concerning the following birth control methods were discussed.
- _____ Patient is firm in her decision to have this abortion and consent voluntarily for the abortion.

- 1. Oral Contraceptive 4. IUD 7. Implanon
- 2. Nuvaring 5. Abstinence 8. Sterilization (male/female)
- 3. Depo Provera 6. Foams & Condoms 9. Other: _____

PHYSICIAN SIGNATURE: _____