

Post-Abortion Outreach 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: _____
Name _____
Address: _____
Phone: (home) _____ (work) _____
Age: _____ Race: _____ Referred by: _____
Marital Status (circle one): Single Separated Divorced Married Widowed
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 miscarriages have you had (if applicable)? _____

Abortion Related:

How many abortions have you had? _____

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

Type (circle one):

Suction D&E Saline Prostaglandin Partial-Birth Chemical Abortifacient (RU486)

Physical complications incurred: _____

Main reason for aborting: _____

Did you feel pressured into having the abortion? _____

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

Type (circle one):

Suction D&E Saline Prostaglandin Partial-Birth Chemical Abortifacient (RU486)

Physical complications incurred: _____

Main reason for aborting: _____

Did you feel pressured into having the abortion? _____

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

Type (circle one):

Suction D&E Saline Prostaglandin Partial-Birth Chemical Abortifacient (RU486)

Physical complications incurred: _____

Main reason for aborting: _____

Did you feel pressured into having the abortion? _____

Have you suffered any other pregnancy losses (abortion, still-born or miscarriages)? _____

If so, how many? _____

Have you ever discussed the impact of the above abortion(s) with anyone? _____

Who? _____

When and how did you come to believe that you needed help in dealing with the above abortions(s)?

What have you experienced emotionally since the abortion (s)? _____

Thank you for giving us this initial information. Your counselor will go over this form with you and may ask some additional questions as well.

We hope that you will have the freedom to express any emotions that may be surfacing as you talk about your experience with abortion(s).

If you wish to continue in working through your abortion(s) would you prefer? (Please circle one)

- individual counseling
- join a post-abortion recovery class (group)