

FAMILY PLANNING ANNUAL/INTERVAL RECORD

Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergies \_\_\_\_\_

G \_\_\_ T \_\_\_ P \_\_\_ A \_\_\_ L \_\_\_ LNMP \_\_\_\_\_ PMP \_\_\_\_\_

Current Method of Contraception \_\_\_\_\_

Current Medications (prescription, OTC, vitamins, herbal) \_\_\_\_\_

Reason(s) for Visit \_\_\_\_\_

INTERIM HISTORY (within the last 12 months or since the last exam or annual exam)

Date of last Pap \_\_\_\_\_ Results \_\_\_\_\_

Colposcopy/Abnormal Pap(s)/Rx \_\_\_\_\_

Changes in menstrual or bleeding pattern \_\_\_\_\_

Ever had sexual intercourse  yes  no Age of 1<sup>st</sup> intercourse \_\_\_\_\_

Type of sex  vaginal  oral  rectal # of lifetime sexual partners \_\_\_\_\_

Sexual partners  men  women  both Sexually active now  yes  no

Date of last sexual activity \_\_\_\_\_  vaginal  oral  rectal

Length of time with current partner \_\_\_\_\_

Condom use  always  sometimes  never

New sexual partner in the last 3 months  yes  no

2 or more sexual partners in last year  yes  no

History of STD in the last year  yes  no Name of STD: \_\_\_\_\_

Any concern about a possible STD now  yes  no

Exchange of sex for drugs or money  yes  no

Illicit, street, or recreational drug use  yes  no

Sex partner: with STD in the last year  yes  no Name of STD \_\_\_\_\_

with IV drug use  yes  no

with exchange of sex for drugs or money  yes  no

with admittance to jail or other detention facility  yes  no

having sex with men  yes  no

with other high-risk behavior  yes  no

Smoking  yes  no (# cig/day) \_\_\_\_\_ Alcohol  yes  no (# drinks/wk) \_\_\_\_\_

Pregnant since last visit  yes  no

Breastfeeding  yes  no

Planning pregnancy in the next 12 months  yes  no

Sexual assault/domestic violence  yes  no

Sexual coercion  yes  no

Child abuse/neglect/sexual abuse  yes  no

Personal medical history update \_\_\_\_\_

Surgery/hospitalization update \_\_\_\_\_

Mental health update \_\_\_\_\_

Parental involvement  yes  no  encouraged \_\_\_\_\_

Family history update (CV, BP, Stroke, Ca) \_\_\_\_\_

Date \_\_\_\_\_ Interpreter Name \_\_\_\_\_

Staff Signature \_\_\_\_\_

**FAMILY PLANNING INTERVAL RECORD**

Name \_\_\_\_\_

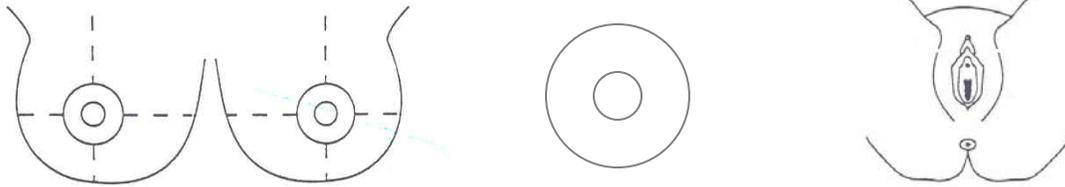
**SUBJECTIVE** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PHYSICAL EXAM** BP \_\_\_\_\_ Wt \_\_\_\_\_ Ht \_\_\_\_\_ BMI \_\_\_\_\_ UCG \_\_\_\_\_

NORMAL			NORMAL		
HEAD			VULVA		
NECK			VAGINA		
HEART			CERVIX		
LUNGS			UTERUS		
BREASTS			ADNEXA		
ABDOMEN			RECTAL		
EXTREMITIES			OTHER		

PAP  HPV  CT  GC  HSV  OTHER \_\_\_\_\_

WET MOUNT \_\_\_\_\_



**COMMENTS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ASSESSMENT** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLAN** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RETURN VISIT** \_\_\_\_\_ **Chaperone Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ **Interpreter Name** \_\_\_\_\_

**Clinician Signature** \_\_\_\_\_