

Family Planning Encounter Form

CLIENT INFORMATION TAB

Client Name: _____ Date of Activity: _____
(MM/DD/YYYY)

Client Address: _____ City: _____ Zip Code: _____

County of Residence: _____ Phone Number: _____

E-mail: _____

Primary Healthcare Coverage:

- ☐ None/Self Pay
- ☐ Private Insurance
- ☐ Tricare
- ☐ KanCare/Medicaid
- ☐ CHIP
- ☐ Medicare
- ☐ Unknown/Not Reported

Secondary Healthcare Coverage:

- ☐ None/Self Pay
- ☐ Private Insurance
- ☐ Tricare
- ☐ KanCare/Medicaid
- ☐ CHIP
- ☐ Medicare
- ☐ Unknown/Not Reported

Household Size: _____ Annual Household Income: \$ _____

Have you had a well visit during the last 12 months? (With any provider, not just within the program)

- ☐ No
- ☐ Yes

Do you have a Medical Home?

- ☐ No
- ☐ Yes

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VISIT INFORMATION TAB

CAREGIVER/ADULT ONLY:

Program:

- ☐ Family Planning (FP)

Do you want to talk about contraception or pregnancy during your visit today?

- ☐ No - I do not want to talk about contraception today because I am here for something else
- ☐ No - This question does not apply to me/I prefer not to answer
- ☐ No - I am already using contraception
- ☐ No - I am unsure or don't want to use contraception
- ☐ No - I am hoping to become pregnant in the near future
- ☐ Yes

Would you (and/or your partner) like to become pregnant in the next year?

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Okay either way
- ☐ Currently Pregnant

Do you have a child or children?

- ☐ No
- ☐ Yes - **Do you have someone to turn to for day-to-day support with parenting or raising children?**
- ☐ No
- ☐ Yes

Are you pregnant?

- ☐ No - Not pregnant - **In the past year, how often have you used**

Alcohol? (For men, 5 or more drinks a day. For women, 4 or more drinks a day)

- ☐ Never
- ☐ Once or Twice
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or Almost Daily

Tobacco, Nicotine, and/or Vaping Products?

- ☐ Never
- ☐ Once or Twice
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or Almost Daily

Prescription Drugs for Non-Medical Reasons?

- ☐ Never
- ☐ Once or Twice
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or Almost Daily

Illegal Drugs? (Including marijuana)

- ☐ Never
- ☐ Once or Twice
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or Almost Daily

Does anyone in the household smoke or use vaping devices containing tobacco, nicotine, or other substances?

- ☐ No
☐ Yes

☐ Yes - **How often have you used the following substances since you found out that you are pregnant:**

Alcohol (since learning of pregnancy)?

- ☐ I am using alcohol more
☐ My alcohol use is about the same
☐ I have reduced the amount or frequency of alcohol use
☐ I have stopped using alcohol
☐ I have never used alcohol

Tobacco, Nicotine, and/or Vaping Products (since learning of pregnancy)?

- ☐ I am using tobacco, nicotine, and/or vaping more
☐ My tobacco, nicotine, and/or vaping use is about the same
☐ I have reduced the amount or frequency of tobacco, nicotine, and/or vaping use
☐ I have stopped using tobacco, nicotine, and/or vaping products
☐ I have never used tobacco, nicotine, and/or vaping products

Prescription Drugs for Non-Medical Reasons (since learning of pregnancy)?

- ☐ I am using prescription drugs more
☐ My prescription drug use is about the same
☐ I have reduced the amount or frequency of prescription drug use
☐ I have stopped using prescription drugs
☐ I have never used prescription drugs

Illegal Drugs (since learning of pregnancy)?

- ☐ I am using illegal drugs more
☐ My illegal drug use is about the same
☐ I have reduced the amount or frequency of illegal drug use
☐ I have stopped using illegal drugs
☐ I have never used illegal drugs

Does anyone in the household smoke or use vaping devices containing tobacco, nicotine, or other substances?

- ☐ No
☐ Yes

Over the past 2 weeks, how often have you been bothered by the following problems?

Little interest in doing things

- ☐ Not at all
☐ Several days
☐ More than half the days
☐ Nearly every day

Feeling down, depressed, or hopeless

- ☐ Not at all
☐ Several days
☐ More than half the days
☐ Nearly every day

Feeling nervous, anxious, or on edge

- ☐ Not at all
☐ Several days
☐ More than half the days
☐ Nearly every day

Not being able to stop worrying

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

Do you have someone to turn to for day-to-day support?

- ☐ No
 - ☐ Yes
-

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FP TAB

Provider (Staff or Medical providing services to client with highest level of training): (Select one)

- ☐ Physician **Attending physician National Provider Indicator (NPI) Number:** _____
- ☐ Registered Nurse
- ☐ Registered Midwife
- ☐ Nurse Practitioner **Attending physician National Provider Indicator (NPI) Number:** _____
- ☐ Physician Assistant **Attending physician National Provider Indicator (NPI) Number:** _____
- ☐ Doula
- ☐ Certified Health Education Specialist
- ☐ Social Worker
- ☐ Other

Payer for visit: (select all that apply):

- ☐ None (no charge for current services)
- ☐ Medicare (traditional fee-for-service)
- ☐ Medicare (HMO/managed care)
- ☐ Medicaid (traditional fee-for-service)
- ☐ Medicaid (HMO/managed care)
- ☐ Workers' compensation
- ☐ Title programs (e.g., Title III, V, or X)
- ☐ Other government (e.g., TRICARE, VA, etc.)
- ☐ Private insurance/Medigap
- ☐ Private HMO/managed care
- ☐ Self-pay
- ☐ Unknown
- ☐ Other (specify) _____

Client's current method of contraception reported at beginning of visit: (Select all that apply)

- ☐ Non-hormonal water-based vaginal gel contraception
- ☐ Subcutaneous contraceptive implant
- ☐ Hormone releasing intrauterine device contraception
- ☐ Copper intrauterine device contraception
- ☐ Intrauterine device contraception
- ☐ Female sterilization
- ☐ Vasectomy
- ☐ Depot contraception
- ☐ Combined oral contraceptive
- ☐ Progestogen only oral contraception
- ☐ Transdermal contraception
- ☐ Vaginal hormone releasing ring
- ☐ Male Condom
- ☐ Contraceptive diaphragm
- ☐ Female condom
- ☐ Withdrawal contraception
- ☐ Spermicidal contraception
- ☐ Contraceptive sponge
- ☐ Contraception based on fertility awareness
- ☐ Contraception lactational amenorrhea method
- ☐ Male relying on female contraception
- ☐ Postcoital contraception
- ☐ Declines to state contraceptive method
- ☐ No contraceptive precautions **Reason for no contraceptive method use: (Select all that apply)**

- ☐ Sexually abstinent
☐ Has same sex partner
☐ Sterility
☐ Wants to become pregnant
☐ Other **Specify reason for no contraceptive method at intake:**

Program Services: (Select all that apply)

- ☐ Contraceptive Follow-up
☐ Counseling for Tobacco Use
☐ Counseling for Alcohol Use/Substance Use (legal or illegal)
☐ Counseling for Mental/Behavioral Health
☐ Counseling for Depression
☐ Counseling for Intimate Partner Violence
☐ Counseling for Human Trafficking
☐ Counseling for Diabetes
☐ Counseling for Hypertension
☐ Counseling to Achieve Pregnancy
☐ Education
☐ Pregnancy Test
☐ STD/STI Treatment
☐ Other STD/STI Test _____
☐ Other Screening _____

Systolic blood pressure: _____ **Diastolic blood pressure:** _____

Body Height (metric): _____ **Body Weight (metric):** _____

Clinical Breast Exam Result: (Select one)

- ☐ Did not conduct Clinical Breast Exam
☐ Normal
☐ Abnormal **Referral for further evaluation based on the Clinical Breast Exam: (Select one)**
☐ No
☐ Yes

Has the client had a Pap test performed in last 5 years? (Select one)

- ☐ No
☐ Yes **Pap test performed at this visit? (Select one)**
☐ No
☐ Yes **LOINC Code:** _____

Pap Test Result – Coded: (Select one)

- ☐ Atypical squamous cells, cannot exclude high-grade squamous intraepithelial lesion
☐ Atypical squamous cells of uncertain significance, probably malignant
☐ Low-grade squamous intraepithelial lesion
☐ High-grade squamous intraepithelial lesion
☐ Squamous cell carcinoma, no International Classification of Diseases for Oncology subtype
☐ Atypical glandular cells on cervical Papanicolaou smear
☐ Atypical glandular cells, favor neoplastic
☐ Adenocarcinoma in situ
☐ Negative for intraepithelial lesion or malignancy
☐ Specimen satisfactory for evaluation
☐ Specimen unsatisfactory for evaluation
☐ Results Pending

HPV test performed at this visit? (Select one)

- ☐ No
☐ Yes **LOINC Code:** _____

HPV Test Result – Coded: (Select one)

- ☐ Positive
☐ Detected
☐ Negative
☐ Not detected
☐ Equivocal
☐ Indeterminate
☐ Results Pending

Chlamydia test performed at this visit?

- ☐ No
☐ Yes **LOINC Code:** _____
☐ Chlamydia trachomatis and Neisseria gonorrhoeae combined test **LOINC Code:** _____

Chlamydia Test Result – Coded: (Select one)

- ☐ Positive
☐ Detected
☐ Negative
☐ Not detected
☐ Inconclusive
☐ Equivocal
☐ Indeterminate
☐ Not applicable
☐ Quantitative lab
☐ Results Pending

Neisseria gonorrhoeae test performed at this visit? (Select one)

- ☐ No
☐ Yes **LOINC Code:** _____
☐ Chlamydia trachomatis and Neisseria gonorrhoeae combined test **LOINC Code:** _____

Neisseria gonorrhoeae Test Result – Coded: (Select one)

- ☐ Positive
☐ Detected
☐ Negative
☐ Not detected
☐ Inconclusive
☐ Equivocal
☐ Indeterminate
☐ Not applicable
☐ Quantitative lab
☐ Results Pending

HIV Test performed at this visit? (Select one)

- ☐ No
☐ Yes **HIV Test Method – LOINC Code:** _____

HIV Test Result – Coded: (Select one)

- ☐ Positive
☐ Detected
☐ Negative
☐ Not detected
☐ Inconclusive

- ☐ Equivocal
- ☐ Indeterminate
- ☐ Reactive
- ☐ Non-Reactive
- ☐ Not applicable
- ☐ Quantitative lab

Syphilis test performed at this visit? (Select one)

- ☐ No
- ☐ Yes **Syphilis test performed: Syphilis Test Method – LOINC Code:** _____

Syphilis Test Result – Coded: (Select one)

- ☐ Positive
- ☐ Detected
- ☐ Negative
- ☐ Not detected
- ☐ Inconclusive
- ☐ Equivocal
- ☐ Indeterminate
- ☐ Reactive
- ☐ Non-Reactive
- ☐ Not applicable
- ☐ Quantitative lab ([arb'U]/mL)
- ☐ Quantitative lab (Titer)

Client's current method of contraception reported at end of visit: (Select all that apply)

- ☐ Non-hormonal water-based vaginal gel contraception
- ☐ Subcutaneous contraceptive implant
- ☐ Hormone releasing intrauterine device contraception
- ☐ Copper intrauterine device contraception
- ☐ Intrauterine device contraception
- ☐ Female sterilization
- ☐ Vasectomy
- ☐ Depot contraception
- ☐ Combined oral contraception Transdermal contraception
- ☐ Vaginal hormone releasing ring
- ☐ Sheath contraception (Male Condom)
- ☐ Contraceptive diaphragm
- ☐ Female condom
- ☐ Withdrawal contraception
- ☐ Spermicidal contraception
- ☐ Contraceptive sponge
- ☐ Contraception based on fertility awareness
- ☐ Contraception lactational amenorrhea method
- ☐ Male relying on female contraception
- ☐ Postcoital contraception
- ☐ Declines to state contraceptive method
- ☐ No contraceptive precautions

Reason for no contraceptive method use: (Select all that apply)

- ☐ Sexually abstinent
- ☐ Has same sex partner
- ☐ Sterility
- ☐ Wants to become pregnant
- ☐ Other - **Specify Other Reason:** _____

Family Planning Encounter Form

If Type of Contraceptive Method was selected at end of visit, How was it provided? (Select one)

- ☐ Patient encounter procedure
- ☐ Referral to health worker
- ☐ Prescription

Duration of Visit: (Minutes) _____

(Include number of minutes spent in direct contact with client by ALL service providers during the visit)

Is this Family Planning Visit Confidential?

- ☐ No
 - ☐ Yes
-

Go to End of Visit Tab

END OF VISIT TAB

Were any referrals made for this visit: (select all that apply)

- ☐ No Referrals
- ☐ Behavior Health
- ☐ Breastfeeding
- ☐ Developmental Screening
- ☐ Depression
- ☐ Infant Care
- ☐ Medical Home
- ☐ Prenatal Care
- ☐ Postpartum Care
- ☐ Substance Use
- ☐ Transition
- ☐ Well Visit

Were any health risk screening tools administered at this visit: (select all that apply)

- ☐ No Screening Tools
- ☐ ASSIST (Alcohol, Smoking, and Substance Involvement Screening Test)
- ☐ CRAFFT-N (Substance use screening for adolescents)
- ☐ EPDS (Edinburgh Postnatal Depression Scale)
- ☐ GAD-7 (Generalized Anxiety Disorder screening)
- ☐ PHQ-A Patient Health Questionnaire for Adolescents (depression)
- ☐ PHQ-9 Patient Health Questionnaire (depression)
- ☐ SDOH (Social Determinants of Health assessment)
- ☐ Other – **Specify other screening tool:** _____

Please complete the indicated risk screening tools.