

# FAMILY PLANNING INFORMATION

Number of pregnancies \_\_\_\_\_ Number of live births \_\_\_\_\_ Age of oldest child \_\_\_\_\_  
Last delivery date \_\_\_\_\_ Breast-feeding? Yes \_\_\_\_\_ No \_\_\_\_\_ Weaned (date) \_\_\_\_\_

Family planning methods: Used in the past (mark P) Using now (mark N)

Condom (male or female) _____	Diaphragm or Cap _____	Ovulation _____
Pill _____	Foam, sponge, etc. _____	Temperature _____
IUD _____	Tubal Ligation _____	Calendar _____
Norplant _____	Vasectomy _____	Withdrawal _____
Injection _____		Abstinence _____

Other (please specify): \_\_\_\_\_

If you are now using, or ever have used the IUD, Pill, Norplant, or Injection:

When did you start? \_\_\_\_\_ When did you stop? \_\_\_\_\_

Why did you stop? \_\_\_\_\_

After you stopped using the IUD, Pill, Norplant, or Injection, please give average:

Cycle length (days) \_\_\_\_\_ Days of flow \_\_\_\_\_ Amount of flow \_\_\_\_\_

Did you have any menstrual abnormalities? (please specify) \_\_\_\_\_

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## FUTURE PREGNANCY PLANS (check one)

To postpone pregnancy:

For a short time (less than one year) \_\_\_\_\_ For a longer time (more than one year) \_\_\_\_\_

Open to pregnancy, but not trying to conceive \_\_\_\_\_

No pregnancy desired: Family completed \_\_\_\_\_ Pregnancy medically contraindicated \_\_\_\_\_

Trying to conceive: For how long?(months) \_\_\_\_\_ Have you consulted with a doctor? Yes \_\_\_\_\_ No \_\_\_\_\_

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## REFERRALS

I found out about the program from (please give names, if possible):

Doctor \_\_\_\_\_ Priest/minister \_\_\_\_\_

Friend \_\_\_\_\_ Church bulletin \_\_\_\_\_

TV or press \_\_\_\_\_ Diocesan Marriage Preparation Program:

Location \_\_\_\_\_

Another agency \_\_\_\_\_ Date \_\_\_\_\_

Other (please specify) \_\_\_\_\_

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## RELIGIOUS AFFILIATION

Catholic? Female: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Parish \_\_\_\_\_

Male: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Parish \_\_\_\_\_

Archdiocese of Philadelphia  
Natural Family Planning Program  
Client Profile

ALL INFORMATION IS CONFIDENTIAL

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**PERSONAL INFORMATION (please print)**

Female (name) \_\_\_\_\_ Age \_\_\_\_\_

Male (name) \_\_\_\_\_ Age \_\_\_\_\_

Address (If not married, please use female's address and telephone)

\_\_\_\_\_

Street	City	State	Zip	Phone
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Married (years) \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

If not married yet, please give wedding date: \_\_\_\_\_

Address after wedding: \_\_\_\_\_

Street	City	State	Zip
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Phone: \_\_\_\_\_

Occupation: Female \_\_\_\_\_ Highest grade completed: \_\_\_\_\_

Male \_\_\_\_\_ Highest grade completed: \_\_\_\_\_

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**MEDICAL INFORMATION**

First menstrual period at age \_\_\_\_\_

Date of 1<sup>st</sup> day of last menstrual cycle \_\_\_\_\_

Circle current average cycle length (days): 21 25 28 30 32 35 39 Other \_\_\_\_\_

Date of last physical \_\_\_\_\_ Reason \_\_\_\_\_

Have you had a pelvic examination in the past year? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently being treated for any gynecological problems? Yes \_\_\_\_\_ No \_\_\_\_\_

Please specify: \_\_\_\_\_

Are you currently taking any prescription medications? Yes \_\_\_\_\_ No \_\_\_\_\_

Please specify: \_\_\_\_\_

Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

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Office Use

Date \_\_\_\_\_ Instructors \_\_\_\_\_

Instructional Format: Group \_\_\_\_\_ Individual \_\_\_\_\_

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(Over)