WE HEALTH CLINIC

32 East First Street, Suite 300 Duluth, MN 55812 218-727-3352

Today's Date_____
Name_____
DOB _____ Age _____

My opinion of abortion is: _____

When my pregnancy was confirmed, I felt: _____

I have chosen abortion because: (*check all that apply*)

___ I do not want a/another child now.
___ The pregnancy is a threat to my physical health
___ This pregnancy is the result of rape
___ I want to work and/or complete my education
___ I can't afford to raise a child right now
___ My partner is not the father
___ My age (too young or old)
___ My marital status
___ Risk of health problems to fetus
___ My partner wants me to have an abortion

___ Other. Please explain: _____

Please check what best describes your feelings regarding your decision:

___ *"I feel certain that my decision to have an abortion is right for me"*
___ *"I have some conflicts about my decision, but feel abortion is the best option for me".*
___ *"I have some serious conflicts with my decision to have an abortion".*

My conflict(s) is/are: _____

I am aware there are alternatives to abortion, which include parenting and adoption. ___ Yes ___ No

I feel that an abortion is in the best interest of my (*check all that apply and state why*)

___ Physical Health ___ Emotional Health ___ Mental Health because: _____

_____

How are you feeling at the clinic today? ___Calm ___Nervous ___Upset ___ Prepared
___Other _____

On a scale of 1-5 how confident are you in your decision to have a procedure today? (Circle one)

1	2	3	4	5
I am not confident		*I am unsure*		*I am confident*

With who have you discussed your decision with and are they supportive? _____

_____

Their feelings regarding this pregnancy and the abortion are:

___ would like me to continue the pregnancy
___ feels the decision is my choice
___ I feel it is my own decision
___ feels abortion is the best option
___ has no effect on my decision

Have you received information regarding abortion? ___No ___ Yes Where?_____

How do you think you will feel after your abortion, both physically and emotionally?

_____

Signature_____ Date _____ Staff Witness _____