



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

Today's Date _____

Name _____

DOB _____ Age _____

My opinion of abortion is: _____

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

Is anyone pressuring you into having an abortion? 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
*I am not
confident*

2

3
I am unsure

4

5
*I am
confident*

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

Their feelings regarding this pregnancy and the abortion are: I feel it is my own decision
 would like me to continue the pregnancy feels abortion is the best option
 feels the decision is my choice 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?

Is there anything else you want to tell us about your decision: _____

Signature _____ Date _____ Staff Witness _____