



Name:

Date:

Check the box that is most accurate when thinking about you or your partner having a baby:

- I have no plans for a future pregnancy
- I have no plans for pregnancy for several years
- I am considering a pregnancy in the next year
- I am considering a pregnancy in 2 or 3 years
- I have mixed feelings about a pregnancy
- I am trying to get pregnant now or am trying to father a child
- I am pregnant currently, or partner is pregnant.

GALS:

Are you happy with your current method of birth control?

Yes/No/NA

GUYS:

1. Are you happy with your partner's method of birth control?

Yes/No/NA

2. I use condoms to prevent pregnancy.

Yes/No/NA

Are you interested in preconception services? (Planning a pregnancy)

Yes/No

Are you interested in infertility services? (Trying/Can't get pregnant)

Yes/No

Do you have any further questions or wish for counseling on your reproductive life plan?

Yes/No

I am requesting testing for:

- STD
- Pregnancy
- Both
- No Testing Needed

Modified 2/02/2021

Reviewed 04/28/2022

Reviewed 02/21/2023, 12/2023

Revised : 1/31/2024