

APPENDIX

PREGNANCY FORMS

**Pregnancy Test Request Form
Pregnancy Test—Post-Test Counseling
Checklist for the Pregnant Student**

Pregnancy Test Request Form

Name: _____ Student ID #: _____

Prior to the pregnancy test, we request that you answer the following questions:

1. Date last menstrual period began: _____
2. Was this last period normal for you? Yes No
3. Are your periods regular (e.g., occur every 21-35 days)? Yes No
4. Are you currently using birth control? Yes No
 If yes, identify what birth control method you are using: _____

5. Have you had any symptoms that would make you suspect that you are pregnant? Please check all that apply:

- Missed Period(s) Breast tenderness Nausea/vomiting

6. How are you feeling today? Check all that apply

- | | | |
|--|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Happy | <input type="checkbox"/> Nervous | <input type="checkbox"/> Scared |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Angry | <input type="checkbox"/> Confused |
| <input type="checkbox"/> Hopeful | <input type="checkbox"/> Worried | <input type="checkbox"/> Sad |
| <input type="checkbox"/> Other (Please explain): _____ | | |

7. Have you ever been pregnant before? Yes No
8. Number of pregnancies : _____ Births _____ Miscarriages _____ Abortions _____
9. If you are pregnant now, how would this affect your life? _____

10. Do you want to be pregnant right now? Yes No I'm not sure

FOR STAFF ONLY		
Test Date	Test Results	EDD
	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	

Student Signature

Health and Wellness Staff Signature

Date

Pregnancy Test—Post-Test Counseling

Name: _____

Student ID #: _____

Review student's **Pregnancy Test Request Form**.

Negative Pregnancy Test												
If student responded " NO " to question 10, "Do you want to be pregnant right now?" discuss with the student: <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Birth control options/methods</td> <td><input type="checkbox"/> Student's birth control method perceptions/myths</td> </tr> <tr> <td><input type="checkbox"/> Past problems with birth control method</td> <td><input type="checkbox"/> Schedule follow-up appointment for birth control prescription</td> </tr> </table>	<input type="checkbox"/> Birth control options/methods	<input type="checkbox"/> Student's birth control method perceptions/myths	<input type="checkbox"/> Past problems with birth control method	<input type="checkbox"/> Schedule follow-up appointment for birth control prescription								
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If student responded " YES " to question 10, "Do you want to be pregnant right now?" discuss with the student: <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Reasons for wanting child</td> <td><input type="checkbox"/> Financial ability to support child</td> </tr> <tr> <td><input type="checkbox"/> Attitude of potential father</td> <td><input type="checkbox"/> Attitude of other support people</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Student's progress in Job Corps program (include benefits of waiting to start a family until after completion of the Job Corps program)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Recommend peer counseling from other single parent students</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Physician appointment for further pre-pregnancy evaluation and counseling</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Referral to parenting program, if available</td> </tr> </table>	<input type="checkbox"/> Reasons for wanting child	<input type="checkbox"/> Financial ability to support child	<input type="checkbox"/> Attitude of potential father	<input type="checkbox"/> Attitude of other support people	<input type="checkbox"/> Student's progress in Job Corps program (include benefits of waiting to start a family until after completion of the Job Corps program)		<input type="checkbox"/> Recommend peer counseling from other single parent students		<input type="checkbox"/> Physician appointment for further pre-pregnancy evaluation and counseling		<input type="checkbox"/> Referral to parenting program, if available	
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If student responded " I'M NOT SURE " to question 10, "Do you want to be pregnant right now?" discuss with the student: <table style="width: 100%; margin-top: 5px;"> <tr> <td colspan="2"><input type="checkbox"/> Benefits of waiting to start a family until after completion of the Job Corps program</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Birth control options/methods</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Past problems with birth control method</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Student's birth control method perceptions/myths</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Schedule follow-up appointment for birth control prescription</td> </tr> </table>	<input type="checkbox"/> Benefits of waiting to start a family until after completion of the Job Corps program		<input type="checkbox"/> Birth control options/methods		<input type="checkbox"/> Past problems with birth control method		<input type="checkbox"/> Student's birth control method perceptions/myths		<input type="checkbox"/> Schedule follow-up appointment for birth control prescription			
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Positive Pregnancy Test												
Assist student to explore feelings regarding: <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Pregnancy</td> <td><input type="checkbox"/> Attitude of father of the child and other support systems</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Financial ability to support child</td> </tr> </table>	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Attitude of father of the child and other support systems	<input type="checkbox"/> Financial ability to support child									
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Discuss pregnancy options: <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Continue pregnancy and parent the baby</td> <td><input type="checkbox"/> Terminate pregnancy</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Continue pregnancy and consider adoption and/or foster care</td> </tr> </table>	<input type="checkbox"/> Continue pregnancy and parent the baby	<input type="checkbox"/> Terminate pregnancy	<input type="checkbox"/> Continue pregnancy and consider adoption and/or foster care									
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If student chooses to continue pregnancy or is unsure, referral to: (check all that apply) <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> MD assessment appointment</td> <td><input type="checkbox"/> CMHC</td> <td><input type="checkbox"/> WIC or Health Department</td> </tr> <tr> <td><input type="checkbox"/> Prenatal Care Appointment</td> <td colspan="2"><input type="checkbox"/> Prenatal Education</td> </tr> </table>	<input type="checkbox"/> MD assessment appointment	<input type="checkbox"/> CMHC	<input type="checkbox"/> WIC or Health Department	<input type="checkbox"/> Prenatal Care Appointment	<input type="checkbox"/> Prenatal Education							
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Student Signature

Health and Wellness Staff Signature

Date

Checklist for the Pregnant Student

Name: _____ Student ID #: _____

LMP: _____ EDD: _____

Prenatal Care Provider: _____

Date and Time of First Appointment: _____

- Review Job Corps family planning policy with the student (PRH 6.11, R4)
- Obtain Authorization for Release of Medical Information to send the appropriate health records to the obstetrical/gynecological provider
- Send appropriate health records (e.g., lab results, PPD, immunizations, and Job Corps Health History Form and Job Corps Physical Examination Form) to obstetrical/gynecological provider
- Obtain Release of information for obstetrical/gynecological provider to release information to the Health and Wellness Center
- Schedule meeting with student, Family Planning Coordinator, Career Development Counselor, and Career Transition Specialist to review the student's personal career development plan, if applicable
- Refer student to Oral Health and Wellness, TEAP Specialist, and/or CMHC, as needed

Prenatal Education

(Done on center, by an outside organization, or by the student's obstetrical/gynecological provider). Students should receive education on the following topics:

- Anatomy and physiology of pregnancy including labor and delivery
- Common discomforts of pregnancy and common measures to help alleviate these symptoms
- Danger signs of pregnancy complications
- Effects of alcohol, smoking, and prescription/non-prescription drugs on fetal development and pregnancy
- Nutrition, including the need for prenatal vitamins
- Prenatal care (e.g., purpose, importance, what to expect)
- Need to report any pregnancy-related concerns to the Health and Wellness Center
- Prenatal and postpartum depression and anxiety
- Parenting (e.g., car seat safety, sleep safety, breastfeeding, and child development)
- Family planning for post pregnancy