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
   □ Happy  □ Nervous  □ Scared
   □ Excited  □ Angry  □ Confused
   □ Hopeful  □ Worried  □ Sad
   □ 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

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<th>FOR STAFF ONLY</th>
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<tr>
<td>Test Date</td>
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<td>□ Negative</td>
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Student Signature  ____________________  Health and Wellness Staff Signature  ____________________  Date  ________________
# Pregnancy Test—Post-Test Counseling

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:**

- [ ] Birth control options/methods
- [ ] Student’s birth control method perceptions/myths
- [ ] Past problems with birth control method
- [ ] Schedule follow-up appointment for birth control prescription

**If student responded “YES” to question 10, “Do you want to be pregnant right now?” discuss with the student:**

- [ ] Reasons for wanting child
- [ ] Financial ability to support child
- [ ] Attitude of potential father
- [ ] Attitude of other support people
- [ ] Student’s progress in Job Corps program (include benefits of waiting to start a family until after completion of the Job Corps program)
- [ ] Recommend peer counseling from other single parent students
- [ ] Physician appointment for further pre-pregnancy evaluation and counseling
- [ ] Referral to parenting program, if available

**If student responded “I’M NOT SURE” to question 10, “Do you want to be pregnant right now?” discuss with the student:**

- [ ] Benefits of waiting to start a family until after completion of the Job Corps program
- [ ] Birth control options/methods
- [ ] Past problems with birth control method
- [ ] Student’s birth control method perceptions/myths
- [ ] Schedule follow-up appointment for birth control prescription

## Positive Pregnancy Test

**Assist student to explore feelings regarding:**

- [ ] Pregnancy
- [ ] Attitude of father of the child and other support systems
- [ ] Financial ability to support child

**Discuss pregnancy options:**

- [ ] Continue pregnancy and parent the baby
- [ ] Terminate pregnancy
- [ ] Continue pregnancy and consider adoption and/or foster care

**If student chooses to continue pregnancy or is unsure, referral to: (check all that apply)**

- [ ] MD assessment appointment
- [ ] CMHC
- [ ] WIC or Health Department
- [ ] Prenatal Care Appointment
- [ ] Prenatal Education

**If student chooses to terminate pregnancy, referral to: (check all that apply)**

- [ ] MD assessment appointment
- [ ] Pregnancy Termination Counseling
- [ ] CMHC

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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