REQUEST FOR PREGNANCY TEST

NOTE: You must be at least one week late with your period to have an accurate test run.

Date// Name			Date of birt	h//
Address	City		Zip	County
Home Phone()	_Work Phone()		
Date of last normal period/	_/			
What is your current method of birth	n control?	Pills	Depo	Patch
CondomsFoam	Ring	IUD	None	
Other				
If no method, reason for none:Seeking pregnancyMedical reasonsRelying on partner's method				
Other				
If you have recently stopped using	birth control:	Date you stop	oped/	_/
Reason for stopping:				

PLEASE READ:

I hereby request Logan County Department of Public Health to test my urine for pregnancy. I understand that the earlier the test, the greater the chance for error, and that the test results should be confirmed by a pelvic exam. I understand that this test is only a screening and is not conclusive of pregnancy.

I hereby release Logan County Department of Public Health and its employees from any and all liabilities arising out of or connected with this pregnancy test, and particularly with regard to any errors in diagnosis based on this test.

I have circled the options below for which I am requesting education/counseling, depending upon the result of the pregnancy test.

Patient's Signature			Date/		
Nurs	e's Signature		Date (of test)//		
Resu	ults:Negative		_Positive		
A.	Abstinence	Α.	Continue the pregnancy and parent the child		
В.	Condoms (available free upon request)	В.	Continue the pregnancy and place the child for adoption		
C.	Birth Control Methods	C.	Terminate the pregnancy		
Educ	notion/Courseling provided on requested:				

Education/Counseling provided as requested:

Nurse's Signature_____Date_____