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| **Reproductive Life Plan** |
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| **Are you happy with your current method of birth control?**  *yes / no* |
| **Are you desiring to be pregnant or have children now or in the future?**  *yes / no*  **If YES, how long before you want to become pregnant?**  **If NO, what method of birth control do you plan on using to achieve this plan?**  **Is the method of contraceptive you are currently using going to help you achieve this plan?**  *yes/no* |
| **Are you interested in preconception services?**  *yes / no* |
| **Are you interested in infertility services?**  *yes / no* |
| **Do you have any further questions or desire any other counseling on your reproductive life plan?**  *yes / no* |
| **I would like to receive testing today for:**  *STD / Pregnancy / Both* |

Modified 2/02/2021

Reviewed 04/28/2022