

PATH INFORMATION/DISCLAIMER

Welcome to the PATH (Post Abortion Treatment and Healing) program. Your facilitator has been trained to lead you through the Forgiven and Set Free Bible Study. Your facilitator(s) may or may not have a degree in counseling or be licensed by the state. Therefore, the Bible study and PATH program is not intended as a substitute for professional counseling. Referrals will be made for professional counseling upon request or when deemed appropriate by the leader(s) of the Bible study support group.

All information given is confidential and is only for the use of the PATH program. There are certain circumstances in which we would be compelled to break confidentiality: if we believe you are at a high risk for suicide, if you are under 18 and are a victim of sexual/physical abuse, if we believe you intend to harm another person, or if we believe you are in need of hospitalization for a psychiatric disorder.

We are honored that you trust PATH in guiding you towards wholeness and healing, and respect your courage in beginning your journey through PATH. Our only fee is \$10.00 to cover the cost and shipping of the workbook. However, our cost of ongoing education and maintenance of professional aptitude for our facilitators is considerable and amounts to an average of \$50.00 per client. We have to rely on either donations or, where available, parish support or subsidy. We ask you to consider prayerfully a contribution to offset those costs – some can donate more, some less, some nothing. Simply consider, and let your PATH leader know what you can do.

I have read and understand the above. I also promise to keep completely confidential anything and everything that is said during the PATH program.

_____ Name	_____ Date	_____ PATH leader	_____ Date
		_____ PATH leader	_____ Date



CLIENT INFORMATION SHEET / INTAKE FORM / BIBLE STUDY

The purpose of this questionnaire is twofold. First, we need some background information on you to help us better understand how we can best help you. Secondly, answering these questions will begin an important process of remembering for you. The questionnaire will be fairly difficult the longer it has been since your abortion (s) as most post-abortion women would rather “forget” the details. So, don’t try to finish it all in one sitting.

Name: _____ Today’s Date _____

Address: _____

Home Phone: _____ Work Phone: _____

Email address: _____ Cellphone _____

Date of birth: _____ Marital Status: _____

Children: Name Age Sex With whom do they live?

(can use the back of this form for additional children)

Highest Grade Completed _____ College Degree _____

Ethnicity (circle): Caucasian Black Asian Hispanic Other

Give an outline of your religious training as a child: _____

Are you presently affiliated with any religious organization? _____

While you were growing up, did any of your family have any of the following problems?

Problem:	GRANDPARENT (which)	PARENT (which)	Sibling
Alcohol	_____	_____	_____
Drugs	_____	_____	_____
Legal	_____	_____	_____
Emotional illness	_____	_____	_____
Medical illness	_____	_____	_____
Financial	_____	_____	_____

Impact of Life Circumstances: (Please circle all that apply).

Losses: Death of spouse, child, father, mother, sister, brother, grandmother, grandfather, friend. Divorce, separation, broken engagement, suicide, miscarriage, abortion, infertility, bankruptcy, homelessness, career or job loss. Other: _____

Trauma History: Child abuse: physical, emotional, sexual, incest
Spouse abuse: physical, emotional, sexual
Abandonment, Rape, Robbery, Assault, Suicide attempt,
Auto Accident, Major illness, Surgery, Physical
Disability, Alienation, other: _____

Current Problems: relationship with spouse, children, parents, in laws, co workers, friends, alcohol, drugs, prescription drugs, binge eating, excessive dieting/exercise, shopping too much, working too much, procrastination, communication, anger, depression, grief, gender identity, sex, career, loneliness, mood swings, stress, self-esteem, co-dependency, fear, anxiety, feelings about church or God.
Other: _____

ABORTION(S) HISTORY: Almost 50% of women who abort today have had two or more abortions. PLEASE do not hesitate to ask the PATH leader for extra copies of this page in order to fill out a history of EACH abortion. We understand that many details may be difficult to remember – especially if you had more than one abortion. Just do the best you can and you will remember more as the group progresses.

Approximate date of abortion _____ Your age at the time: _____

What was your marital status at the time? _____

How many weeks along were you? _____ Type of abortion: _____

Abortion performed in a clinic or private M.D's office? _____

Check any of the following that have applied to you immediately following your abortion and within the past six months:

<u>Symptom</u>	<u>Immediately after abortion</u>	<u>past 6 months</u>
Guilt	_____	_____
Emotionally "numb"	_____	_____
Dreams/Nightmares	_____	_____
Change in Relationships	_____	_____
Inferiority feelings	_____	_____
Dizziness/Fainting	_____	_____
Sleep Disturbances	_____	_____
Can't make friends	_____	_____
Sexual problems	_____	_____
Preoccupation with abortion date	_____	_____
Preoccupation with due date	_____	_____
Relief	_____	_____
Depressed	_____	_____
Sad	_____	_____
Anxiety	_____	_____
Suicidal ideas	_____	_____
Sedatives	_____	_____
Alcohol/Drugs	_____	_____
Loneliness	_____	_____
Sense of Loss	_____	_____
Infertility	_____	_____
Sighing	_____	_____
Crying Spells	_____	_____
Regret	_____	_____
Angry	_____	_____
Helplessness	_____	_____
Headaches	_____	_____
Eating disorder	_____	_____
Panic feelings	_____	_____
Unable to relax	_____	_____
Marital Stress	_____	_____
Fatigue	_____	_____
Shame	_____	_____

Have you ever sought counseling for the pain connected with your abortion? _____

Were you helped? _____

What was beneficial in the help you received? _____

Have you ever had medication prescribed (e.g. antidepressants) and/or been hospitalized in an effort to control any symptoms? _____

If "yes", please give details: _____

Did you feel you were adequately counseled and informed before the abortion?

If not, what do you wish you had had in the way of counseling? (Check all that apply.)

- _____ more information on fetal development
- _____ more sensitivity to how I was feeling
- _____ more information about the abortion procedure
- _____ (other): _____

At the time, who knew about your abortion?

At the time, did you feel pressured into having the abortion? _____

By whom? _____

What do you think would have been a SIGNIFICANT factor in helping you make a decision to keep the pregnancy? (Check all that apply.)

- _____ support from boyfriend/husband/parents/friends
- _____ a pro-life center which offers emotional and practical support for a decision to keep the baby
- _____ knowing more about the abortion procedure
- _____ Knowing more about what fetus looked like
- _____ being warned about possible emotional after effects
- _____ (other): _____

Did your relationship with the male involved in the pregnancy continue after the procedure? _____.

Describe how the relationship was affected by the abortion: _____

Did you experience any physical complications resulting from the procedure (hemorrhage, infection, high fever, perforated uterus, intense cramping, incomplete abortion, etc)?

Please explain: _____

If you are a Christian, do you feel God has forgiven you for this Abortion? _____

Do you feel you have forgiven yourself? _____

State, in your own words, why you want to attend the PATH group.

Thank you for taking the time to fill this out! God bless and keep you!

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