

 **Client Intake Form**

The purpose of this questionnaire is twofold. First, we need some background information on you to help us 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). Most women and men who have had an abortion experience would rather “forget” the details. Therefore, don’t try to finish it all in one sitting.

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: cell home work

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OK to contact you? Yes \_\_\_ No \_\_\_

Children’s Names Age Sex With whom do they live?

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Highest grade completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity (circle): Caucasian Black Asian Hispanic Other

Give an outline of your religious training as a child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you presently affiliated with any religious organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Alcohol Grandparent Parent Sibling

Drugs Grandparent Parent Sibling

Legal Grandparent Parent Sibling

Emotional illness Grandparent Parent Sibling

Medical illness Grandparent Parent Sibling

Financial Grandparent Parent Sibling

 **NOTE: If you had more than one, please complete for each abortion**

Approximate date of abortion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your age at the time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many weeks along were you? \_\_\_\_\_\_\_

Type of abortion? Surgical \_\_\_\_\_ Pill (RU486) \_\_\_\_\_\_ Other \_\_\_\_\_\_

Where did you have your abortion? Clinic \_\_\_\_\_ Dr’s Office \_\_\_\_\_ Home \_\_\_\_ Other \_\_\_\_

Approximate date of abortion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your age at the time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many weeks along were you? \_\_\_\_\_\_\_\_\_\_

Type of abortion? Surgical \_\_\_\_\_ Pill (RU486) \_\_\_\_\_\_ Other \_\_\_\_\_\_

Where did you have your abortion? Clinic \_\_\_\_\_ Dr’s Office \_\_\_\_\_ Home \_\_\_\_ Other \_\_\_\_

Approximate date of abortion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your age at the time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many weeks along were you? \_\_\_\_\_\_\_\_\_\_

Type of abortion? Surgical \_\_\_\_\_ Pill (RU486) \_\_\_\_\_\_ Other \_\_\_\_\_\_

Where did you have your abortion? Clinic \_\_\_\_\_ Dr’s Office \_\_\_\_\_ Home \_\_\_\_ Other \_\_\_\_

Approximate date of abortion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your age at the time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many weeks along were you? \_\_\_\_\_\_\_\_\_\_

Type of abortion? Surgical \_\_\_\_\_ Pill (RU486) \_\_\_\_\_\_ Other \_\_\_\_\_\_

Where did you have your abortion? Clinic \_\_\_\_\_ Dr’s Office \_\_\_\_\_ Home \_\_\_\_ Other \_\_\_\_

Approximate date of abortion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your age at the time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many weeks along were you? \_\_\_\_\_\_\_\_\_\_

Type of abortion? Surgical \_\_\_\_\_ Pill (RU486) \_\_\_\_\_\_ Other \_\_\_\_\_\_

Where did you have your abortion? Clinic \_\_\_\_\_ Dr’s Office \_\_\_\_\_ Home \_\_\_\_ Other \_\_\_\_

Have you had any miscarriages? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, date(s) of miscarriage(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Check any of the following that applied to you right after your abortion and any that you have experienced in the past six months:

|  |  |  |
| --- | --- | --- |
| **Symptom** | **Right after abortion** | **past 6 months** |
| Guilt | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Emotionally “numb”  | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Dreams/Nightmares/Triggers | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Change in Relationships | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Feelings of inferiority  | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Dizziness/Fainting | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Sleep Disturbances | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Can’t make friends | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Sexual problems | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Preoccupation with abortion date  | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Preoccupation with due date  | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Relief  | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Depressed | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Sadness | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Anxiety / Inability to Relax | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Suicidal thoughts | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Sedatives | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Alcohol/Drugs | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Loneliness | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Sense of Loss | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Infertility | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Crying Spells | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Regret | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Helplessness | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Angry / Bitterness / Rage | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Panic Feelings | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Emotional Eating / Eating Disorder | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Marital Stress | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Fatigue | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Shame | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| Inability to Forgive Others / Self | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| Fear of not being forgiven by God | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

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Were you helped? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What was beneficial in the help you received? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever sought any other abortion recovery healing programs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If so, what program(s) were they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you helped? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was beneficial in the help you received? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever had medication prescribed (e.g. antidepressants) and/or been hospitalized in an effort to control any symptoms? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

If “yes”, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Did you feel you were adequately counseled and informed before the abortion? Yes \_\_\_ No \_\_\_

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
		- more resources on other options (adoption; parenting)
		- (other): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At the time, who knew about your abortion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At the time, did you feel pressured/coerced into having the abortion? Yes \_\_\_ No \_\_\_\_

Please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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
* resources/information about the adoption process
* (other): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Yes \_\_\_\_ No \_\_\_\_

Describe how the relationship was affected by the abortion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If you are a Christian, do you feel God has forgiven you for this abortion? Yes \_\_\_\_ No \_\_\_\_

Do you feel you have forgiven yourself? \_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_ No

State, in your own words, why you want to participate in PATH’s abortion recovery healing program(s)?

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How did you hear about PATH’s abortion recovery healing program?

* Website
* Church Bulletin
* Priest or Pastor
* Friend
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you for taking the time to fill this out!***

***May God bless and keep you!***

***![C:\Users\Liz\AppData\Local\Microsoft\Windows\INetCache\IE\1LKSYI3I\1200px-Western_Syriac_Cross.svg[1].png]()***