## EXTENDED FAMILY PLANNING COUNSELING FORM (Provided Only at Time of Post-Partum Visit)

Recipient Name:	Medicaid #			
	ce:Chart or UMR#			
NOTE: ONE O	F THE TWO CO	DUNSELING SECTIO	NS BELOW <u>MUST</u> BE COMP	PLETED
Family Planning Counseling Usin	g PT + 3 Teach	ing Method (Initial	Here):	
		<u>OR</u>		
Alternative Family Planning Cou				
Instructions: The following topics contact and must be a minimum	-	•	d and documented. The vis	it must be face-to-face
Initial each blank below as compl	eted.			
1. Age:		Number of pregn	ancies:	
2. Determine recipient's knowled	ge/perception	of birth control: _		
3. Previous method of birth contr	ol (prior to pre	egnancy):		
Detail any problems with prev	ous method:			
Did previous method fail?		Why?		
4. Review methods of birth contr	ol: Pills	Depo-Provera _	Spermicides	Condoms
Tubal ligation Implano	nIUD_	Natural	(Explain methods which a	are unfamiliar to patient)
5. Chosen method of birth contro	l/supplies issu	ued/prescription:		
6. Briefly describe instructions given maximum effectiveness:		•		·
7. Briefly describe instructions given	en regarding را	possible side effects	/adverse reactions:	
Number fo	or problems or	emergencies	Contraceptive (Fact s	heets) given
8. Is method compatible with rec	ipient's lifestyl	le? Ex	plain:	
9. HIV/STD protection discussed:				
10. Recipient's understanding of	counseling/dis	cussion:		
NOTE: Follow-up and tracking is r insertion or a tubal ligation was cappointments, as needed.	lesignated as t	he chosen method.	Assist recipient with conse	·
11. Schedule appointment (expla	in frequency o	of revisit):		
		Counselor's Si	gnature	Date

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<sup>\*</sup>These are **EXTENDED COUNSELING SERVICES** provided in addition to the routine family planning service required during a post-partum visit.