



Tuscarawas County Health Department

Reproductive Life Plan

Public Health
Prevent. Promote. Protect.

Tuscarawas County Health Department

The reproductive life plan may feel personal; however, these questions are asked of our clients to assist with providing quality, preventive healthcare.

NAME: _____ DATE: _____ DOB: _____ AGE: _____

Preferred Name: _____

Preferred Pronoun: _____ She _____ He _____ They _____ Other

Pregnancy Intention

Are you sexually involved currently? YES _____ NO _____

Sexual partner(s) is/are/have been: Male _____ Female _____ Both _____

Do you have biological children? YES _____ NO _____ if so, how many? _____

Do you want to have children one day? YES _____ NO _____

If yes: At, what age would you like to have children? _____

How many children would you like? _____

How far apart would you like your children to be? _____

Are you or your partner now using a birth control method? YES _____ NO _____

_____ Condom _____ Pill _____ Patch _____ IUD _____ Injection _____ Nexplanon

Have you or your partner had a vasectomy, tubal ligation, hysterectomy? YES _____ NO _____

Do you want to become pregnant or father a child within one year? YES _____ NO _____

If yes, how long have you been trying to become pregnant or father a child? _____

Are you currently taking multivitamins with folic acid daily? (Females only) YES _____ NO _____ (400 mcg of folic acid daily for at least one month before and during pregnancy. 4 mg daily if history of seizure disorder or infant with neural tube defects is recommended.)

Do you smoke or vape? Yes _____ No _____

Do you use illegal drugs? Yes _____ No _____

Safety

Is there anyone in your life that physically hurts you? YES _____ NO _____

Is there anyone in your life who often says hurtful or mean things to you? YES _____ NO _____

Do you feel safe to go home today? _____

Medical Conditions

Do you have any medical conditions such as Diabetes Mellitus, Chronic Hypertension, Hypothyroidism, Bariatric Surgery etc. YES _____ NO _____

If yes, please list: _____

Family History

Is there any family history of any of the following: Please circle if yes. _____ NO

Genetic Disorder birth defects cystic fibrosis Fragile X hemoglobinopathies Sickle Cell Anemia

Vaccines

Are you up to date on your vaccines such as: Tdap, Measles/Mumps/Rubella, Chicken Pox? YES _____ NO _____ UNSURE _____

Would you like to discuss the HPV vaccine? YES _____ NO _____

(HPV can cause cervical cancer and other cancers of the reproductive organs in females as well as males)

Would you like to be screened for AIDS/HIV? YES _____ NO _____

Would you like to discuss receiving the Hepatitis B vaccine? YES _____ NO _____

(Hepatitis B can be spread by having sex with an infected person, IV drug use, and can pass from mother to baby, at birth)

Infectious Disease Screening

Your provider may discuss with you the need for the following screenings: Sexually transmitted diseases such as Chlamydia, Gonorrhea, Syphilis. And other screenings such as Tuberculosis, Hepatitis C, Zika, Toxoplasmosis. Baseline information may be needed to know the best treatment options and next steps to ensure you are healthy.

Exposure to Environmental Toxins

Do have exposure to any of the following? Circle if YES-- Plastics with bisphenol-A (BPA), lead paint, asbestos, pesticides (agriculture), organic solvents and heavy metals (manufacturing), solvents (dry cleaning), organics and radiation (health care) ___NO ___Unsure

Nutrition and Physical Activity

For optimal health, it is recommended to maintain a healthy diet such as fruits, vegetables, protein, and whole grains. It is recommended to maintain a healthy body weight and to participate in 30 minutes of moderate physical activity per day.

Do you have any questions you would like to have the provider answer?

Adolescent Clients: 18 years old and younger:

Sexual Coercion is when you are engaging in an unwanted sexual activity through physical force, threat of physical force, or emotional manipulation. You may feel it is easier to consent to sexual activity than decline or you may feel you do not have a choice. Is this happening to you? _____

TCHD encourages adolescents to speak to their parent/guardian about sexual activity and reproductive health decisions. Open communication is healthy, may provide support and problem-solving ideas, promote trust, and opens the door to future communication. If you need more information on how to begin this discussion, let your provider know.

Patient signature: _____ **Date:** _____

Nurse/MA Signature: _____ **Date:** _____

Healthy Relationships include the following:

Communication Respect Honesty Dependability Empathy (compassion, appreciation)
Interdependence Purpose

Safe Sex Basics

Research Birth Control Options	Get tested for STD's	Use protection! (condom) every time for all sexual encounters	Talk to your partner about your decision to practice safe sex and about being tested for STD's	Abstain from sex: this is the only way to be 100% sure you will prevent an unplanned pregnancy or an STD
Limit your number of partners	Have one partner	Do not use a douche or vaginal wash as they can remove healthy bacteria that could help prevent infection	Use lubricant as condoms can tear or rip. Lubricants can also prevent skin tearing during sex. Do not use oil-based lubricants	Be proactive with your sexual health