



Public Health
Prevent. Promote. Protect.

Tuscarawas County Health Department

Reproductive Life Plan

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

NAME: _____ DATE: _____ AGE: _____

Do you have 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

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

If no: What will you do if you become pregnant or father a child?

Do you want to become pregnant or father a child with-in one year? YES NO

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

Emotional Health

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? _____

Vaccines

Would you like a HPV vaccine? YES NO

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

Are you currently taking a multivitamin with folic acid daily? (Females only) YES NO

Personal Goals – Your dreams and goals are important to living a happy life and raising happy, healthy children.

I will manage stress and health problems.

I will start exercising or exercise more often (at least 30 minutes most days of the week).

I will **quit** smoking or **smoke less**.

I will eat a healthy diet including 5 servings of vegetables and fruits per day.

I will **increase, maintain, or reduce** my weight.

I will not get pregnant, until I am ready, by not having sex or always using birth control.

I will have a financial plan before having children.

Other personal goals: _____

How can TCHD assist you reach your goals? _____

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 the sexual activity than decline or you may feel you do not have a choice. Is this happening to you? _____

The TCHD encourages adolescents to speak to your 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:** _____

Staff Signature: _____ **Date:** _____

Annual Reproductive Life Plan Review:

___ Reviewed, no changes since last year. Patient signature/Date: _____ Staff Initials: _____