

**About your decision**

The Private Clinic, 120 Devonshire St, Surry Hills, NSW 2010

Before you speak with the doctor who performs the procedure, we are required to know your reasons for seeking a pregnancy termination. This information will remain strictly confidential and we are completely non-judgemental of your decision

The consultation and counselling is between the patient and the doctor only. While we appreciate that partners or family members wish to be supportive during this time, we require that the counselling be between the doctor and patient only.

Name.....

How long have you been aware that you are pregnant? .....

This pregnancy was:

- Unplanned
- Found to be abnormal
- Planned, but my situation has changed

My decision to have a termination was:

- Quite straightforward
- Very hard to make
- Fairly easy, but needed some thought
- I am not yet certain what I want to do
- Some difficulty, I had to do a lot of thinking

There are many different personal reasons for pregnancy termination. Tick any which are relevant

- I feel too young to be a parent
- I feel that I would not cope with another child right now
- I don't feel ready to have a child emotionally and mentally
- I feel too old to be a parent
- I have financial concerns
- I have concerns about an abnormal pregnancy
- I have concerns about my relationship
- I have concerns of jeopardising my career and other life plans
- I have concerns about coping as a single parent
- I have concerns of coping with a pregnancy right now
- Other personal reasons
- I have concerns for my physical wellbeing
- I feel that my family is complete

Now that you are at the clinic, are you:

- Relaxed?
- Feeling sad?
- Anxious to have everything over and done with?
- Worried about the procedure?

Have you had the opportunity to discuss your feelings and options with anyone?  YES /  NO

Who? .....

Was this person supportive of your decision?  YES /  NO

Do you feel pressured by other people one way or another?  YES /  NO

Do you have any specific concerns that you wish to discuss with the doctor?  
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Signature..... Date: ...../...../.....

Doctor's Notes .....

Doctor's Signature..... Date ...../...../.....

Doctor's Name.....