FAMILY PLANNING PERIODIC ASSESSMENT

Recipient's Name: _____ Medicaid Number: _____

Date:_____ WT:_____ BP:_____	Date:_____ WT:_____ BP:_____
Reason for visit:_____ Current Contraceptive Method:_____ Interim History/Problems: _____ _____ **Assessment/Evaluation of Recipient:** Chest Pain: _____ Abdominal Pain: _____ Headaches: _____ Leg Pain: _____ Excessive Bleeding: _____ Vaginal Discharge: _____ Pelvic exam(if indicated) _____	Reason for visit:_____ Current Contraceptive Method:_____ Interim History/Problems: _____ _____ **Assessment/Evaluation of Recipient:** Chest Pain: _____ Abdominal Pain: _____ Headaches: _____ Leg Pain: _____ Excessive Bleeding: _____ Vaginal Discharge: _____ Pelvic exam (if indicated :) _____
MUST COMPLETE ONE OF THE TWO COUNSELING SECTIONS BELOW (check the applicable box) □ Counseling using PT+3 Teaching Method ***OR*** □ Alternative Family Planning Counseling *(check each step as completed):* □ Reproductive A&P (if indicated) □ Contraceptive methods □ Effectiveness of chosen method □ Side effects/dangers □ How to use chosen method □ Contraceptive Fact Sheet given □ Phone # given for problem/emergency **Contraceptive Method:** Supplies issued: □ Yes □ No Type of supplies: _____ Prescription issues: □ Yes □ No Name of Prescriptions: _____ Next Appointment Date: _____	**MUST COMPLETE ONE OF THE TWO COUNSELING SECTIONS BELOW (check the applicable box)** □ Counseling using PT+3 Teaching Method ***OR*** □ Alternative Family Planning Counseling *(check each step as completed):* □ Reproductive A&P (if indicated) □ Contraceptive methods □ Effectiveness of chosen method □ Side effects/dangers □ How to use chosen method □ Contraceptive Fact Sheet given □ Phone # given for problem/emergency **Contraceptive Method:** Supplies issued: □ Yes □ No Type of supplies: _____ Prescription issues: □ Yes □ No Name of Prescriptions: _____ Next Appointment Date: _____
Comments:_____ _____ _____ _____	Comments:_____ _____ _____ _____
Signature _____ Date _____	Signature _____ Date _____

Form 137
Revised10/2016