

## PATIENT DEMOGRAPHICS

**Patient Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Number of Previous Live Births:**

Now Living \_\_\_\_\_ Now Deceased \_\_\_\_\_

Miscarriages \_\_\_\_\_

Abortions \_\_\_\_\_

**Residence of Patient – County and State:**

\_\_\_\_\_

**Patient Education:**

- 8th Grade
- 9th – 12TH Grade, no diploma
- High school graduate or GED completed
- Some college credit, no degree
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctorate or Professional degree

**Patient Married?**

- Yes
- No

**Patient of Hispanic Origin?**

- No, not Spanish/Hispanic/Latina
- Yes, Mexican, Mexican American, Chicana
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Spanish/Hispanic/Latina  
(Specify Country): \_\_\_\_\_

**Reason for Pregnancy Termination:**

- Elective abortion
- Abortion performed due to Social or Economic reasons
- Abortion performed due to Emotional/Psychological health of the Mother
- Abortion performed due to Physical Health of Mother that is not life endangering
- Abortion performed due to a Life Endangering Physical Condition
- Abortion performed due to Serious Fetal Genetic Defect, Deformity, or Abnormality
- Abortion performed due to Incest
- Abortion to be performed due to Rape

**Patient Race:**

- White
- Black or African American
- Asian Indian
- Guamanian or Chamorro
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- American Indian /Alaska Native
- Native Hawaiian
- Other Asian (Specify)
- Samoan
- Other Pacific Islander (Specify)
- Other (Specify)  
(Specify Country): \_\_\_\_\_

**If there are any questions you were unable to answer, please address them with the counselor.  
Please do not ask at the front window.**