



Pregnancy Early Access Center

Legal Name: _____ Date: _____

If you don't use your legal name, what name do you use?: _____

Gender (please circle): Female, Male, Trans*, Other: _____

Pronouns: she/her he/him they/them Other: _____

1. Please mark the concerns you have today:

- None
- Am I pregnant?
- I don't have anyone to talk to
- I don't understand all my treatment options
- I'm wondering how I'll feel after
- I'm afraid people will find out
- I'm afraid people will judge me
- My partner or family
- My religious or spiritual beliefs
- Is this pregnancy OK?
- Will this hurt?
- I'm worried I'll get pregnant again
- I'm worried I won't be able to get pregnant
- I'm worried about possible complications
- I'm worried about my medical history or past pregnancies
- Other: _____

2. Circle all the words that describe how you feel:

I don't want to talk about how I feel

Sad Happy Angry Confident Guilty Confused Scared Relieved Numb
 Ashamed Resolved Selfish Trapped Irresponsible Peaceful Disappointed
 Comfortable Grieving Lost Helpless Mean Strong Worried Relaxed
 Powerful Nervous Nauseated Hungry Other: _____

3. What can we do today to make your experience better?

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4. If someone came with you today, would you like them to be with you when you speak with the doctor? (your physician will meet with you alone first, then bring them back)

Yes No



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Questions for patients with a current pregnancy

5. What are your thoughts about this pregnancy?

6. Does anyone know about this pregnancy? Are they supportive?

