Client Intake Form
LifeHouse Pregnancy Center

First Name:	Last Name:	MI:
Organization:		
Address:		
City:	State:	Zip:

Home Phone: ❑ Block caller ID	Work Phone: ❑ Block caller ID	Cell Phone: ❑ Block caller ID
Pager:	Fax:	

Email:	Job Title:

Is it OK for us to contact you? (Check 1 or more options)
❑ By Phone ❑ By Mail ❑ By Email ❑ No

Personal

Birth Date:	Gender: ❑ Female ❑ Male	Race: ❑ African American ❑ Asian ❑ Caucasian ❑ East Indian ❑ Haitian ❑ Hispanic ❑ Jewish ❑ Native American ❑ Other
SSN:	Occupation/School:	Primary Language:

Church:

Demographics

(Data Entry: Case Form)

Income Level
❑ Dependent
❑ Unemployed
❑ Welfare/SSI
❑ $0-$14,000
❑ $15,000-$29,000
❑ $30,000-$44,000
❑ $45,000-$59,000
❑ $60,000+

Marital Status
❑ Divorced ❑ Engaged
❑ Living Together ❑ Married
❑ Never Married ❑ Remarried
❑ Separated ❑ Single
❑ Widowed

Religion
❑ Atheist ❑ Buddhist ❑ Christian
❑ Christian (Catholic) ❑ Hindu ❑ Jehovah's Witness
❑ Jewish ❑ Mormon ❑ Muslim / Islam
❑ None ❑ Other ❑ WICCA

Student Status
❑ Middle School or Jr. High ❑ High School
❑ College or University ❑ Not Student
❑ Trade School/Other

Education (highest level completed)
❑ Jr. High ❑ High School ❑ GED
❑ Jr. College ❑ College ❑ Graduate School
❑ Trade School

Visit Information

Have you ever been to our pregnancy center before? ❑ Yes ❑ No
If yes, when?_____(mm/dd/yyyy) Under what name?_____ ❑ Same as Above

(Data Entry: Case Visit Form)

Date of Visit:	Type of Visit: ❑ New ❑ Return	Case Number: (Office Use Only)

What is the primary reason for this visit?
❑ Appointment ❑ Baby/Maternity Supplies ❑ Concepts Shared ❑ Group Class
❑ Other ❑ Post-Abortion help ❑ Pregnancy Test ❑ Referrals to Outside Agencies
❑ Ultrasound

Initial Visit Questions

(Data Entry: Initial Visit Form)

1. How did you hear about us? (check one)

❑ 800#/Hot Line ❑ Ad: Billboard ❑ Ad: Television ❑ Ad: Yellow Pages ❑ Agency
❑ Been here before ❑ Billboard ❑ Boyfriend ❑ Church ❑ Doctor
❑ Flyer ❑ Friend/Relative ❑ Internet ❑ Other CPC ❑ School
❑ Sign ❑ Walk-in

2. What outside help are you receiving? (check all that apply)

❑ AR Kids Health ❑ Church ❑ Food Stamps ❑ Friends ❑ Husband
❑ Insurance ❑ Medicaid ❑ Other ❑ Other CPC ❑ Parents
❑ SSI ❑ WIC ❑ Working

3. What are your living arrangements? (check one)

❑ Alone ❑ Boyfriend ❑ Father ❑ Finance ❑ Friend ❑ Girlfriend
❑ Grandparents ❑ Mother ❑ Other ❑ Parents ❑ Shelter ❑ Spouse

4. What is your parent's marital status? (check one)

❑ Divorced ❑ Engaged ❑ Living Together ❑ Married ❑ Never Married ❑ Remarried ❑ Separated ❑ Single ❑ Widowed

5. How old were you when you became sexually active?

6. Have you ever been tested for a sexually transmitted disease? ❑ Yes ❑ No

7. Do you have any STDs? (check all that apply)

❑ AIDS ❑ Chlamydia ❑ Crabs ❑ Genital Warts ❑ Gonorrhea ❑ Herpes ❑ HIV ❑ HPV ❑ Other ❑ Syphilis

8. Are you a victim of abuse? (check all that apply)

❑ Mental/Verbal ❑ Physical ❑ Rape ❑ Sexual

9. What is your current relationship with God? ❑ Close ❑ Desire to be Better ❑ None ❑ Okay

10. Are you a Christian? ❑ Yes ❑ No

11. Have you been baptized? ❑ Yes ❑ No If yes, when (mm/dd/yyyy)?

(Data Entry: Refer to the Initial Visit Section of the Office Use Only form to complete data entry.)

Pregnancy History

(Data Entry: Pregnancy History Form)

			If the outcome is a birth, please complete the columns below.				
Outcome	Date of Birth or Date of Outcome	Weeks Pregnant at Outcome	Parenting Decision	Baby's Name and Gender	Weight	Father's Name	Hospital
❑ Birth ❑ Abortion ❑ Miscarriage ❑ Stillborn			❑ Parent ❑ Adopt	Name: Gender: ❑ Male ❑ Female			
❑ Birth ❑ Abortion ❑ Miscarriage ❑ Stillborn			❑ Parent ❑ Adopt	Name: Gender: ❑ Male ❑ Female			
❑ Birth ❑ Abortion ❑ Miscarriage ❑ Stillborn			❑ Parent ❑ Adopt	Name: Gender: ❑ Male ❑ Female			