

# OUR PROMISE TO YOU

We welcome you to Real Options. We are a non-profit serving women, as well as their families and partners, who come seeking help in decisions about pregnancies and related concerns. Your future is important to us, and we consider it an honor and privilege to be a part of your life, assisting you during such a crucial time. As such, we make the following promise to every person who walks through these doors:

- We are dedicated to providing a warm and safe environment to every one, regardless of your age, race, income, nationality, religious affiliation or circumstances.
- You will be treated with kindness and compassion and may leave the center whenever you wish.
- Your story will be listened to with respect and courtesy, and without judgment, ridicule or rejection.
- You have the right to withhold any information you do not want to share with your patient advocate. All information shared will be held in strict and absolute confidence, except in the rare circumstances when prohibited by law.
- You will receive accurate information about pregnancy, fetal development, life-style issues, and related concerns. Real Options does not provide abortions or referrals for abortions. We are committed to offering accurate information about abortion procedures and risks.
- You may refuse any information you do not wish to receive.
- You will receive honest and open answers.
- You will be directed to other appropriate resources that could support you in your time of crisis and supply you with additional help and information.
- We recognize that you are an emotional, physical and spiritual person, and that can influence your decisions today and in the future. Real Options cares about your well-being, and occasionally shares situations (NEVER disclosing names) with our prayer partners. However, we always value your privacy and will respect all requests to withhold information.



1776 W McDermott Dr, Suite 100, Allen, TX 75013  
972-424-5144 | [info@realoptionstx.com](mailto:info@realoptionstx.com)  
[www.realoptionstx.com](http://www.realoptionstx.com)

# LIMITATION OF SERVICES

- Real Options is staffed by volunteers who have received training in crisis counseling. The volunteers and paid staff, for the most part, do not have degrees in counseling, nor are they licensed by the state. The assistance provided is not professional counseling and is not intended to be a substitute for professional counseling.
- I understand that Real Options will hold in strict confidence all the information I provide them with the following exceptions: Due to concern for my safety and/or state law, Real Options is required to report knowledge of a client who is suicidal, homicidal, abusing a minor, a minor being abused, or a victim of statutory rape.
- If Real Options refers me to another agency, I give my permission for pertinent information to be released to that agency.
- I understand that, if I am a minor, I am encouraged to share the circumstances of my visit to Real Options with my parents or legal guardian.
- I understand the above and willingly enter into a relationship of accepting help and assistance from Real Options.
- I understand that Real Options provides referrals to assist clients and assumes no legal responsibility for services provided by other agencies.



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<b>Client Information</b>	Sticker:
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First Name:	Last Name:	MI:
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Address:
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City:	State:	Zip/Postal:
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Home Phone:	Cell Phone:	Email:
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Is it OK for us to contact you? (Check 1 or more options) <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> No	First Day of Last Menstrual Period (LMP)
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<b>Personal Data</b>
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Birth Date:	Ethnicity
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> African <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caribbean <input type="checkbox"/> Caucasian <input type="checkbox"/> East Indian <input type="checkbox"/> First Nations <input type="checkbox"/> Haitian <input type="checkbox"/> Hispanic <input type="checkbox"/> Jewish <input type="checkbox"/> Middle East <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> Other

Occupation/School:	Primary Language:
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<b>Referral Data</b>
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How did you hear about us? (check one)
<input type="checkbox"/> 180 Degrees(School) <input type="checkbox"/> Agency: Medicaid <input type="checkbox"/> Church <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Other <input type="checkbox"/> School <input type="checkbox"/> Ad: Yellowpages <input type="checkbox"/> Been there before <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Internet Search <input type="checkbox"/> RO Website

<b>Demographics</b>
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Living Arrangements:	Marital Status:
<input type="checkbox"/> Alone <input type="checkbox"/> Boyfriend <input type="checkbox"/> Father <input type="checkbox"/> Fiance <input type="checkbox"/> Foster Parents <input type="checkbox"/> Friend <input type="checkbox"/> Girlfriend <input type="checkbox"/> Grandparents. <input type="checkbox"/> Mother <input type="checkbox"/> Parents <input type="checkbox"/> Shelter <input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="checkbox"/> Divorced <input type="checkbox"/> Engaged <input type="checkbox"/> Living together. <input type="checkbox"/> Married. <input type="checkbox"/> Never Married. <input type="checkbox"/> Remarried. <input type="checkbox"/> Separated. <input type="checkbox"/> Single. <input type="checkbox"/> Widowed

Student Status: (current school)	Education: (highest level completed)
<input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> College/University. <input type="checkbox"/> Not a student. <input type="checkbox"/> Trade school/Other	<input type="checkbox"/> Less than High School <input type="checkbox"/> High School <input type="checkbox"/> Trade School <input type="checkbox"/> Some College <input type="checkbox"/> Graduated College <input type="checkbox"/> Masters

<b>Visit Information</b>
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Have you ever been to our pregnancy center before? <input type="checkbox"/> Yes <input type="checkbox"/> No   Under what name?	What is the primary reason for this visit?
	<input type="checkbox"/> Abortion Info <input type="checkbox"/> Medicaid Confirmation <input type="checkbox"/> Pregnancy Test and Info <input type="checkbox"/> STD Screening

Who accompanied you on this visit? (check all that apply):
<input type="checkbox"/> Boyfriend <input type="checkbox"/> Father <input type="checkbox"/> Friend <input type="checkbox"/> Girlfriend (male clients) <input type="checkbox"/> Grandfather. <input type="checkbox"/> Grandmother <input type="checkbox"/> Husband <input type="checkbox"/> Mother <input type="checkbox"/> Wife (male clients). <input type="checkbox"/> No one. <input type="checkbox"/> Other. <input type="checkbox"/> Fiancé

<b>Acknowledgment of Rights</b>
I have read the Real Options for Women <b>Notice of Privacy Practices</b> and the brochure <b>Our Promise to You</b> , which includes the <b>Limitation of Services</b> . I understand my rights as presented in the informational brochure. <i>Typed name represents signature.</i>
Client signature _____ Date _____
Volunteer/Staff signature _____ Date _____

Consent and Release for Medical Evaluation

I request the services of Real Options for Women medical staff to confirm my pregnancy **and/or** do STI screening. I understand that I may or may not receive a medical evaluation limited to a brief physical assessment, a medical history, observation of a urine pregnancy test, and possibly a pregnancy verification. I am not currently experiencing any urgent medical problems, by way of example only, pain, bleeding, spotting, cramping, pain when I urinate, vaginal discharge or fever. I understand that Real Options for Women and its staff are not undertaking any responsibility for my emergency needs. I understand that Real Options for Women does not provide emergency medical care, but may call 911 for me or refer me to a physician of my choice or the nearest emergency room if necessary. I am responsible to seek any other emergency care, if needed.

If I am pregnant, I understand that Real Options for Women and its staff are not undertaking any responsibility for my prenatal care or emergency needs. I will at the earliest possible time seek appropriate prenatal care from another medical provider of my choice.

If I am having STI screening, I request Real Options for Women medical staff to obtain urine for Chlamydia and Gonorrhea screening. I also request a blood specimen to be drawn to screen for latent Syphilis. The specimens will be screened by the Dallas County Health and Human Services Laboratory. These are Sexually Transmitted Infection (STI) tests only and do not take the place of a regular physical exam. I will not hold Real Options for Women liable for failure to diagnose diseases not included in the screening.

I acknowledge the following if I am having STI screening:

- If my STI results are positive they will be reported to the Texas Department of Health and Human Services.
- I am responsible to use medications as prescribed for any positive screening results.
- My partner/ partners must be notified of positive results and I am responsible to do that.
- I am responsible to refer my partner/ partners to the health care provider of their choice for testing and treatment of positive results.
- I understand that I am to abstain from all sexual activity until I receive my test results, as well as at least 7 days after I and all of my partners have been treated for positive results.
- I further understand that abstinence is the only 100% effective prevention of STI.

The physician/s and nurse/s serving at Real Options for Women may or may not be volunteers, and there are legal limits to their liability. I agree to release Real Options for Women, its employees, servants, affiliates, volunteers, directors, board members and officers from any and all claims, causes of actions or liability of any kind arising out of or related to the above named services.

I give my consent to Real Options for Women to release all or some of my medical records to the doctor/s of my choice.

I have read and understand my HIPAA rights as a client. Patient please initial \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
*Typed name represents signature*

# Client Medical History

Sticker: \_\_\_\_\_

First Day of your **Last Menstrual Period** \_\_\_\_\_  
 Sure \_\_\_\_\_ Unsure \_\_\_\_\_

Were you using any **birth control**? No \_\_\_\_\_ Yes \_\_\_\_\_  
 If yes, what? \_\_\_\_\_

Did you use any **Emergency Contraception** such as Plan B One-Step pills? No \_\_\_\_\_ Yes \_\_\_\_\_ Date: \_\_\_\_\_

# of times you have taken "**Plan B**," also called "**The Morning After Pill**," (these are obtained over the counter/from a Pharmacy and are taken within 72 hours of sex): \_\_\_\_\_

# of times you've taken "**Ella**" (Prescription only: taken within 5 days of sex): \_\_\_\_\_

Did you want to become pregnant? No \_\_\_\_\_ Yes \_\_\_\_\_

**Allergies** to any medications: No \_\_\_\_\_ Yes \_\_\_\_\_ Name of medication(s) allergic to: \_\_\_\_\_

**Current medications** you are taking: \_\_\_\_\_

**Blood Type** (if known) \_\_\_\_\_ Rh factor (if known): positive \_\_\_\_\_ negative \_\_\_\_\_

Do **you** have any problems with: (Mark any one that **you** have and explain)

Disease	No	Yes	Comment	Disease	No	Yes	Comment
Lungs/ TB				Diabetes			
Asthma				Liver problems			
Sickle Cell				Trait			
Blood transfusion				Blood disease			
Anemia				Kidney disease			
Bladder infections				Thyroid problems			
"PCOS"				Seizures			
Brain disorders/ tumors				Heart disease/murmurs			
Cancer				High Blood Pressure			
Seasonal allergies				Sinus Infections			

	No	Yes	
Depression			
Smoking			How many cigarettes per day?
Alcohol			How much?                      How often?
Drugs			Types?                      How much?                      How often?

Surgical History: Have you ever had surgery? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, answer:

#1 -Type: (please include C-Sections) \_\_\_\_\_

What year? \_\_\_\_\_ Complications? \_\_\_\_\_

#2 -Type: \_\_\_\_\_

What year? \_\_\_\_\_ Complications? \_\_\_\_\_

#3 - Type: \_\_\_\_\_

What year? \_\_\_\_\_ Complications? \_\_\_\_\_

**SEXUAL HISTORY:**

How old were you when you began having sex (including oral sex, anal sex, vaginal sex, or other sex)? \_\_\_\_\_

How many partners have you had (including oral sex, anal sex, vaginal sex or other sex) \_\_\_\_\_

Disease	Year/s	Was it treated	No	Yes
Chlamydia				
Gonorrhea				
Syphilis				
HPV: Cervical Cancer or Genital Warts				
Trichomoniasis ("Trich")				
Genital Herpes		Are you on medication?		
HIV/AIDS		Are you on medication?		
Hepatitis		Are you on medication?		
Other:		Are you on medication?		

Are you currently sexually active? (within the past 3 months, including oral, anal or vaginal)

No \_\_\_\_\_ Yes \_\_\_\_\_ How many partners? \_\_\_\_\_

About your partners	No	Yes	No	Yes
Do any of your partners have an STD?			HIV/AIDS?	
Are any of your partners drug users?			Hemophiliacs?	
Were you ever forced to have sex?				
Were you ever date raped?			Raped?	
Have any of your partners been violent, harmed you or threatened you?				

**PREGNANCY HISTORY:**

Have you ever been pregnant? No \_\_\_\_\_ Yes \_\_\_\_\_

How many **LIVING CHILDREN**?: # of boys: \_\_\_\_\_ # of girls: \_\_\_\_\_ ;

\*\*Ages of boys: \_\_\_\_\_ Ages of girls: \_\_\_\_\_

How many **MISCARRIAGES**? \_\_\_\_\_ How many weeks pregnant were you when you had your miscarriage(s)? \_\_\_\_\_

How many **ABORTIONS**? \_\_\_\_\_

**PILLS**: # of times for "RU-486" (taken at an abortion clinic) \_\_\_\_\_

Weeks pregnant? \_\_\_\_\_

**SURGICAL ABORTIONS**: # of surgical procedures? \_\_\_\_\_

Weeks pregnant? \_\_\_\_\_ Complications? Emotional \_\_\_\_\_ Physical \_\_\_\_\_

Are you pregnant NOW? No \_\_\_\_\_ Yes \_\_\_\_\_

Symptoms	No	Yes	No	Yes
Nausea?			Vaginal discharge?	
Sore breasts?			Fatigue?	
Lower abdominal cramping?			Vaginal itching?	
Vaginal bleeding or spotting?			Weight loss or gain?	
Headaches?				