



New Client Intake Form

Please Complete this form and send it to nfpwsa@gmail.com

Woman's Information		Man's Information	
Full Name:		Full Name:	
Age:	Religion:	Age:	Religion:
Occupation:		Occupation:	
Highest Level of Education? <input type="checkbox"/> Highschool <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Other If other please explain:		Highest Level of Education? <input type="checkbox"/> Highschool <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Other If other please explain:	
Health History: (Please list any diagnosed health conditions)		Health History: (Please list any diagnosed health conditions)	
Have you used hormonal methods of birth control? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how recently:		Current Cycle Status <input type="checkbox"/> Normal Cycles <input type="checkbox"/> Postpartum If postpartum, are you breastfeeding? <input type="checkbox"/> Yes <input type="checkbox"/> No If postpartum, have you had a period? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes how many? If yes describe the bleed (how many days, light, heavy etc.)	
How many pregnancies have you had:			
How many children do you have:			
Are your cycles of normal length? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			

General Background information
Previous NFP Experience: <input type="checkbox"/> None <input type="checkbox"/> Mucus based methods <input type="checkbox"/> Temperature based methods <input type="checkbox"/> Other methods If other, explain:
Current Family Goals: <input type="checkbox"/> Avoid Pregnancy <input type="checkbox"/> Achieve Pregnancy
Marital Status: <input type="checkbox"/> Dating <input type="checkbox"/> Engaged <input type="checkbox"/> Married If engaged when is the wedding?

