



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		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:		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:		<div style="background-color: #d9ead3; padding: 5px; text-align: center;">Current Cycle Status</div> <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?

Disclaimer: I am currently a student instructor until December 14th 2024; by filling out this form and participating in this course you are giving me permission to use your charts to help me complete assignments for my instructor training course (all charts will remain anonymous). The only individuals who will have access to the charts besides myself will be my 11 other classmates (we are all healthcare professionals and understand the importance of HIPPA guidelines) and my instructor.

