



CREIGHTON MODEL FertilityCare™ System

General Intake Form

INSTRUCTIONS FOR COMPLETING THE GENERAL INTAKE FORM

1. Leave items 1-6 blank (ID#). Fill in top information: H = home telephone, W = woman, M = man.
2. In questions 7-8, circle all that apply and, by number, place primary referral source in the boxes.
3. With most questions, place the number in the box that best describes your answer.
4. Leave questions 10-11, 77-78, and 79 blank.
5. Where lines are present, write in your answers.
6. For questions 66-73, circle all that were **ever** used and then identify the last 4 methods. If none = 20.
7. For 80-81, also circle all that apply but put **primary** reason in box.
8. If you have any questions, ask your **CREIGHTON MODEL FertilityCare™ Practitioner** at the time of follow-up.

**PLEASE BRING
THIS FORM
COMPLETED
WHEN YOU
RETURN FOR
YOUR FIRST
FOLLOW-UP!**

(I) GENERAL INFORMATION

Date _____

Woman's name _____ Man's name _____ (1-6) I.D. #

Address _____ City _____ ST _____ Zip _____ Country _____

Date of birth (W) _____ (M) _____ E-mail _____ Tele (H) _____ (W) _____

(7-8) Primary referral source (9) Intro Session to 1st follow-up interval

(Circle all that apply)

01= Self	07= Physician	13= Non-CrMS teacher
02= Friend	08= Nurse	14= School personnel
03= Relative	09= Other health professional	15= Media/advertising
04= Priest	10= Hospital	16= Other
05= Minister	11= Family planning clinic	17= NFPMC (NFP Physician)
06= Religious	12= CrMS teacher	

(10-11) Instructor assigned

(II) DEMOGRAPHIC INFORMATION

(12) Woman's age (13) Man's age

1 ≤ 14 3 = 20-24 5 = 30-34 7 = 40-44
2 = 15-19 4 = 25-29 6 = 35-39 8 = 45+

(14) Woman's ethnic background (15) Man's ethnic background

1 = Caucasian 3 = Hispanic 5 = Asian American
2 = African American 4 = Native American 6 = Other _____

(16) Woman's religion (17) Man's religion

1 = Catholic 3 = Jewish 5 = Agnostic 7 = None 8 = Islamic
2 = Protestant 4 = Atheist 6 = Other _____

(18) Woman's marital status (19) Man's marital status

1 = Single 3 = Married 5 = Widowed
2 = Engaged 4 = Divorced 6 = Separated

(20) Woman's completed education (21) Man's completed education

1 = 0-8 grades 3 = Completed high school 5 = Some college 7 = Graduate school
2 = Some high school 4 = Vocational/technical 6 = Completed college 8 = Professional school

(22) Woman's occupational status (23) Man's occupational status

1 = Professional 3 = Clerical/sales 5 = Unskilled laborer 7 = Student 9 = Other
2 = Technical 4 = Skilled laborer 6 = Homemaker 8 = Farmer

(24) Woman now employed (25) Man now employed

1 = Yes 2 = No 1 = Yes 2 = No

(26) Annual combined income (27) # of people living in household

1 = 0-10,000 2 = 10,001-20,000 3 = 20,001-30,000 4 = 30,001-40,000
5 = 40,001-50,000 6 = 50,001-60,000 7 = 60,001-70,000 8 = 70,001-80,000 9 = 80,001+

(III) PREGNANCY HISTORY

(28) # Pregnancies (29) # Live Births (30) # Stillborn (31) # Spontaneous abortion

= 0-8 9 = 9+ # = 0-8 9 = 9+ # = 0-8 9 = 9+ # = 0-8 9 = 9+

(32) # Induced abortion (33) # Now living (34) Woman's age at 1st pregnancy (35) Deliveries were:

= 0-8 9 = 9+ # = 0-8 9 = 9+ 1 = Vaginal 3 = Both
2 = Cesarean

(36) Infertility

1 = Yes 2 = No 3 = Unknown

1 ≤ 14 3 = 20-24 5 = 30-34 7 = 40-44
2 = 15-19 4 = 25-29 6 = 35-39 8 = 45+

Continued on back page...

General Intake Form

(IV) MEDICAL HISTORY

A. Menstrual History

(37) Age at 1st menstruation ³⁷ (38) Nature of cycles ³⁸ (39) Average length of menstrual flow ³⁹ (40) Menstrual cramps ⁴⁰

1 ≤ 10 3 = 13-14 5 = 17-18 1 = Regular 3 = Both
 2 = 11-12 4 = 15-16 6 = 19+ 2 = Irregular

(in days) 3 = 5 5 = 7 0 = No 2 = Moderate
 1 ≤ 3 days 2 = 4 4 = 6 6 > 7 days 1 = Mild 3 = Severe

B. General Medical History

(41-55) Have you ever had any of the following? Answer 1=yes 2=no

High blood pressure ⁴¹ Heart disease ⁴² Diabetes ⁴³ Convulsions ⁴⁴
 Migraine headaches ⁴⁵ Thyroid problems ⁴⁶ Cancer _____ ⁴⁷ Urinary tract infection ⁴⁸
 Varicose veins ⁴⁹ Blood clots ⁵⁰ Anemia ⁵¹ Allergies _____ ⁵²
 Drug allergies _____ ⁵³ Sexually transmitted disease _____ ⁵⁴
 Non-GYN surgery _____ Date: _____ ⁵⁵

C. Gyn History

(56-65) Have you ever had any of the following? Answer 1=yes 2=no

Vaginal infections ⁵⁶ Cervicitis (cervical inflammation) ⁵⁷ Cervical treatment _____ ⁵⁸
 Infertility treatment ⁵⁹ Endometriosis ⁶⁰ Polycystic ovarian disease (PCOD) ⁶¹ Pelvic infection ⁶²
 Premenstrual syndrome (PMS) ⁶³ Breast surgery _____ Date: _____ ⁶⁴
 GYN surgery _____ Date: _____ ⁶⁵

(V) FAMILY PLANNING HISTORY

(66-73) Last 4 methods (in order of use) Most recent ⁶⁶ ⁶⁷ 2nd most recent ⁶⁸ ⁶⁹ 3rd most recent ⁷⁰ ⁷¹ 4th most recent ⁷² ⁷³

(Circle all that apply)

01 = Birth control pill 06 = Diaphragm/foam/jelly 11 = Sympto/thermal 16 = Douching 21 = Other _____
 02 = IUD 07 = Foam/jelly 12 = Ovulation Method (Billings) 17 = Morning-after pill 22 = Creighton Model
 03 = Condom 08 = Calendar rhythm 13 = Self-devised natural method 18 = 3 month injection - Depo-Provera 23 = Norplant
 04 = Condom/foam 09 = Basal temp. (BBT) 14 = Total breastfeeding 19 = Induced abortion 24 = Tubal ligation
 05 = Diaphragm only 10 = Calendar/thermal 15 = Withdrawal 20 = None 25 = Vasectomy

(74-75) Length of use of 2 most recent methods Most recent ⁷⁴ 2nd most recent ⁷⁵ (76) Who prescribed most recent method? ⁷⁶

(in months) (in years)
 1 = 0-3 3 = 7-12 4 = 1-2 6 = 3-4 8 = 5-10 1 = Self 3 = Family planning clinic
 2 = 4-6 5 = 2-3 7 = 4-5 9 = 10+ 2 = Physician 4 = Other _____

(77-78) If pill used (in last year), give brand name of most recent pill ⁷⁷ ⁷⁸ (79) If IUD used (in last year), give brand name of most recent IUD ⁷⁹

(80-81) Primary reason for discontinuance of most recent method ⁸⁰ ⁸¹ (82) Woman/couple satisfied? ⁸²

(Circle all that apply)

00 = Not applicable 05 = Distrust effectiveness 09 = Medical contraindication (82) Woman/couple satisfied? (with most recent method)
 01 = Pregnancy: method-related 06 = Objection by spouse/partner 10 = Moral/ethical/religious reasons 1 = Yes 2 = No
 02 = Pregnancy: not method-related 07 = Fear of side effects 11 = Other personal reasons
 03 = To achieve pregnancy 08 = Experience of side effects 12 = To use natural system
 04 = Inconvenient/unpleasant

(VI) INTENTIONS AND EXPECTATIONS

(83) Primary intention in using the Creighton Model FCS ⁸³ (84) # of children desired ⁸⁴ (85) Strength of feeling re: #84 ⁸⁵

1 = To achieve pregnancy (no fertility problem) # 0-8 9=9+ 1 = Very strong 3 = Not strong
 2 = To achieve pregnancy (infertility problem) 2 = Strong 4 = Definitely not strong
 3 = To temporarily avoid pregnancy (space)
 4 = To permanently avoid pregnancy (limit)
 5 = To assess woman's health

(86) Why did you come into this program? _____

(87) What are your expectations of this program? _____