# REQUEST FOR PREGNANCY TEST

**NOTE: You must be at least one week late with your period to have an accurate test run.**

Date____/____/____ Name_____ Date of birth____/____/____

Address_____City_____Zip_____County_____

Home Phone(____)_____-_____Work Phone(_____)_____-_____

Date of last normal period____/____/____

What is your current method of birth control? ___Pills ___Depo ___Patch

___ Condoms ___Foam ___Ring ___IUD ___None

___Other_____

If no method, reason for none: ___Seeking pregnancy ___Medical reasons ___Relying on partner's method

Other_____

If you have recently stopped using birth control: Date you stopped_____/_____/_____

Reason for stopping:_____

**PLEASE READ:**

I hereby request Logan County Department of Public Health to test my urine for pregnancy. I understand that the earlier the test, the greater the chance for error, and that the test results should be confirmed by a pelvic exam. I understand that this test is only a screening and is not conclusive of pregnancy.

I hereby release Logan County Department of Public Health and its employees from any and all liabilities arising out of or connected with this pregnancy test, and particularly with regard to any errors in diagnosis based on this test.

I have circled the options below for which I am requesting education/counseling, depending upon the result of the pregnancy test.

**Patient's Signature**_____**Date** _____**/**_____**/**_____

**Nurse's Signature**_____ _____**Date**(of test) _____**/**_____**/**_____

**Results:**_____**Negative** _____**Positive**

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| A. | Abstinence | A. | Continue the pregnancy and parent the child |
| B. | Condoms (available free upon request) | B. | Continue the pregnancy and place the child for adoption |
| C. | Birth Control Methods | C. | Terminate the pregnancy |

Education/Counseling provided as requested:

**Nurse's Signature**_____**Date**_____