

# Case History Checklist for Counselling Client for Making Contraceptive Choice

(to be used by clinic staff for all clients who seek Family Planning Services)

Date:

Name of Client:

Age:  Weight:  Husband's Name:

Total Number of Children:  Age of Youngest Child:

Date of first day of last menstrual period:

Can pregnancy be reasonably ruled out ☐ Yes ☐ No

Client wants to have a baby in future ☐ Yes ☐ No

Client has given birth in last 48 hours ☐ Yes ☐ No

Client is breastfeeding a baby less than 6 months old ☐ Yes ☐ No

Partner supports in family planning ☐ Yes ☐ No

Methods client does not want to use

Methods client wants to use ☐ Condoms ☐ Oral Contraceptive Pills- COCs/ POPs/ NHP  
☐ Injectables ☐ Intra Uterine Contraceptive Device  
☐ Implants ☐ Female Sterilization ☐ Male Sterilization

Ruling out Methods basis MEC

Post screening- Suitable FP methods on which informed choice provided to client

☐ Condoms ☐ Oral Contraceptive Pills- COCs/ POPs/ NHP  
☐ Injectables ☐ Intra Uterine Contraceptive Device  
☐ Implants ☐ Female Sterilization ☐ Male Sterilization

After informed choice, family planning method opted by client:

If Client could not decide, list reasons: