

Date: \_\_\_\_\_



**Women's Center**

Orlando Abortion Clinic  
1103 Lucerne Terrace  
Orlando, FL 32806  
Ph: (407) 245-7999  
Toll Free: (877) 692-2273

EPOC Abortion Clinic  
609 Virginia Drive  
Orlando, FL 32803  
Ph: (407) 898-2046  
Toll Free: (877) 376-2227

Ocala Abortion Clinic  
108 NW Pine Avenue  
Ocala, FL 34475  
Ph: (352) 401-9288  
Toll Free: (877) 622-5234

Tampa Abortion Clinic  
502 South Magnolia Ave  
Tampa, FL 33606  
Ph: (813) 258-5995  
Toll Free: (877) 966-3672

Ft Lauderdale Abortion Clinic  
2001 W. Oakland Pk Blvd  
Ft. Lauderdale, FL 33311  
Ph: (954) 733-0121  
Toll Free: (877) 966-3673

Thank you for choosing **The Womens Center** for your medical needs. We will do our very best to provide you with confidential, courteous and professional care.

How do you feel about having an abortion? (Circle as many answers that apply)

Confused	Angry	Sick	Sad	Guilty	Don't want to do it
Scared	Okay	Fine	Good	Best thing	Forced into it
Secure	Positive	Wise	Don't care	Mixed feelings	
Certain	Bad	Necessary	Don't know	Other: _____	

Why are you having an abortion? (Circle as many answers that apply)

I'm too young	I'm too old	I can't afford it	Health	Not Married
I'm having legal problems			I do not want any (more) children	
I'm not prepared to have a child at this time			My partner & I ended our relationship	
My relationship with the man involved is not stable			Other: _____	

What is the man's response to this decision? (Circle answer)

He is being: Supportive Unpleasant Abusive

What are your main concerns about the abortion today? (Circle answers)

Pain	Fear of needles	That someone will find out	That I'll have complications
Bleeding	Vomiting/Nausea	That it won't be complete	That I'll be punished
That I'll be too far along		That I'll be too early	That I'll regret the decision
Other: _____			

Have you talked with anyone about this decision? No \_\_\_\_\_ Yes (whom) \_\_\_\_\_

Were they supportive? No \_\_\_\_\_ Yes \_\_\_\_\_

Please help us to help others by indicating below how you became aware of our services.

Please check one:

_____ Prior Patient	_____ Friend	_____ Newspaper Article	_____ Radio
_____ Television News	_____ The picketers	_____ Newspaper	_____ Counselor
_____ General Knowledge	_____ Sign Outside	_____ Planned Parenthood	
_____ Health Department	_____ Physician: Dr. _____		
_____ Phone Book (which city?)	_____		

Other referral source not listed above: \_\_\_\_\_

Did you call other abortion providers before choosing **The Womens Center** ? Yes \_\_\_\_\_ No \_\_\_\_\_

Why did you choose \_\_\_\_\_ for your care at this time?

_____ Convenient location	_____ Good Reputation	_____ Pleased with prior care
_____ Friend Recommendation	_____ People were understanding and informative on the Phone	
_____ Other: _____		

Name: \_\_\_\_\_

Date: \_\_\_\_\_