

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: _____