ILLINOIS FAMILY PLANNING

CLINIC NO._____

LOCAL USE	A	B	C	D

CLIENT # | | | | | | | | | BIRTH DATE | | |-| | |-| | | | BIOLOGICAL SEX ☐F ☐M

NAME_____ FIPS_____
Last Name First Name Middle Initial

ZIP_____ ANNUAL INCOME_____ HOUSEHOLD SIZE_____ LIMITED ENGLISH PROFICIENCY ☐Y ☐N

HEIGHT WEIGHT SYSTOLIC BP DIASTOLIC BP

SMOKING STATUS
☐1. Current Everyday ☐3. Former Smoker ☐5. Unknown
☐2. Current Some Day ☐4. Never

RACE (check all applicable)
☐1. White ☐3. Am. Ind/AK Native ☐5. Unknown/Not Reported
☐2. Black ☐4. Asian ☐6. Native Hawaiian/Pac. Is.

HISPANIC ☐Yes ☐No/Unknown

SEXUAL ORIENTATION
☐1. Bisexual ☐3. Straight/Heterosexual ☐5. Unknown
☐2. Lesbian/Gay/Homosexual ☐4. Other/Something Else ☐6. Declined to Answer

GENDER IDENTITY
☐01. Male ☐05. Other
☐02. Female ☐06. Neither M/F Exclusively
☐03. Female to Male/Trans Male ☐07. Declined to Disclose
☐04. Male to Female/Trans Female ☐08. Unknown

VISIT TYPE ☐1. In-Clinic ☐2. Telehealth

4. VISIT DATE	MO	MO	DAY	DAY	2	0	YR	YR

17. WANT TO TALK ABOUT CONTRACEPTION TODAY
☐1-Yes ☐4-Already using
☐2-No, here for something else ☐5-Unsure/No
☐3-N/A, prefer not to answer ☐6-Hoping to become pregnant

18. PREGNANCY STATUS
☐1. Pregnant
☐2. Not Pregnant
☐3. Unknown

19. PREGNANCY INTENTION
☐1. Yes
☐2. Okay either way
☐3. No
☐4. Unsure

5. PURPOSE OF VISIT (Check One)
☐1-Comprehensive Visit - New ☐4-Problem Visit
☐2-Comprehensive Visit - Est ☐5-Supply Only Visit
☐3-Follow Up Visit ☐6-Education/Counseling Visit

7. PAY SOURCE (Check One)
☐1-Medicaid Only ☐3-Part Fee (101-250%)
☐7-Medicaid SPA ☐4-Full Fee
☐5-Medicaid/TANF ☐6-Private Insurance
☐2-No Fee (0-100%) ☐8-Other Public Insurance

13. CONTRACEPTIVE METHOD (Complete before and after blocks)

01-Orals – Combined	06-Condom/Male	13-No Method
04-Orals – Progestin Only	20-Condom/Female	14-Hormone Inj.
02-IUD – Unspecified	07-FAM	16-Hormonal Patch
08-IUD – Copper	09-Sterilization/Female	17-Vaginal Ring
10-IUD – Progestin	21-Sterilization/Male	18-Abstinence
03-Diaphragm	11-Other Method	19-Sponge
05-Spermicide	12-Hormone Implant	

Before Visit _____ After Visit _____

14. REASON FOR NO METHOD (Check One)
☐1-Pregnant Planned ☐3-Seeking Pregnancy
☐7-Pregnant Unplanned ☐4-Other Medical Reasons
☐2-Infertility ☐8-Personal Choice

Before Visit _____ After Visit _____

15. REFERRALS
☐02. Gynecology ☐09. FCM/WIC ☐14. IBCCP
☐03. Prenatal ☐10. Infertility ☐15. Breast
☐05. Social Services ☐11. Nutrition ☐16. Sterilization
☐08. Other Medical ☐12. Other

12. PROVIDERS OF MEDICAL/COUNSELING SERVICES
☐1-Physician ☐4-RN
☐2-NP ☐5-PA
☐3-Other Clinic Staff ☐6-CNM

8. BILLABLE MEDICAL SERVICES
☐21. Limited Exam, New 99202 ☐04. IUD/IUS Insertion 58300
☐22. Intermediate Exam, New 99203 ☐30. IUD/IUS Removal 58301
☐41. Comprehensive Exam, New 99204 ☐06. IUD/IUS Combo
☐20. Brief/RN Visit, Est. 99211 ☐05. Diaphragm Fit 57170
☐01. Limited Exam, Est. 99212 ☐14. Hormone Implant Insertion 11981
☐02. Intermediate Exam, Est. 99213 ☐08. Hormone Imp. Removal 11982
☐03. Comprehensive Exam, Est. 99214 ☐07. Hormone Implant Combo 11983
☐43. Preventive Visit, New 99384-86 ☐29. Hormonal Injection J1050
☐46. Preventive Visit, Est. 99394-96 ☐23. Trans Vag Sonography 76830
☐38. Clinical Breast Exam (NR)

16. LAB SERVICES
☐09. Pap/Conventional ☐17. Sickle Cell
☐40. Pap/Liquid Based ☐18. Blood Glucose
☐42. HPV DNA ☐19. Lipid Profile
☐10. HGB/HCT ☐24. HIV Test
☐11. Urinalysis ☐25. Chlamydia Urine/Swab
☐12. Preg Test – Negative ☐26. BV
☐28. Preg Test – Positive ☐27. Molluscum
☐13. Syphilis Test ☐36. Gonorrhea Urine/Swab
☐15. Wet Mount ☐37. Trich
☐16. Herpes Test ☐33. Fecal Occult Blood Test

10. ROUTINE COUNSELING SERVICES
☐01. Sterilization ☐08. Other Medical
☐02. Contraception ☐11. Abnormal Pap
☐03. Infertility ☐12. Adolescent Counseling
☐04. Pregnancy Options ☐15. Emergency Contraception
☐05. STD Education ☐16. Male Exam
☐10. HIV Education ☐17. **Reprod Life Plan**
☐06. FAM ☐18. EPT
☐07. Preconception

11. BILLABLE CONTRACEPTIVES/SUPPLIES

	QTY	BRAND			QTY	BRAND	
01.			Orals	02.			Creams
06.			Diaphragms	03.			Jellies
07.			IUD	04.			Suppositories
19.			IUS	05.			Foams
15.			Hormone Imp Kit	22.			Sponge
20.			Hormonal Patch	13.			VC-Film
21.			Vaginal Ring	08.			FAM
10.			Condoms-Male	11.			Meds/Vag. Inf.
17.			EC	12.			EPT

13. HOW CONTRACEPTIVE METHOD WAS PROVIDED
☐1-On Site ☐2-Referral ☐3-Prescription ☐4-N/A