

Pregnancy Occurrences Report

Please complete this form whenever an unexplained pregnancy occurs in a client who received DMPA/LARC
Submit completed forms to: Family Planning Program, 1190 St. Francis, P.O. Box 26110, Santa Fe, NM 87502-6110
Direct inquiries to (505) 476-8882 Fax (505) 476-8898

Part I: Client Demographics

Initials: _____ MRN# _____ Clinic Site: _____ ClinicPhone: _____

Contraceptive Method _____

Part II: Clinical Information	
Date (month/day/year) of insertion or injection(s)	
Lot #	
LNMP and PMP	
Reported bleeding pattern since method initiation	
Medication history: TB drugs, antibiotics, anticonvulsants? (note dates)	
If pregnancy test was done, give date(s) and results	
EDC and how determined	
Additional Comments:	

Signature of person completing form _____ Title _____ Date _____
DOH/PHD/FHB/Family Planning- Rev. 04/17