



Disposition (date/initials/if closed, reason): _____

Initial Client Interview Form

Name: _____ Age: _____ Date of Birth: _____

of weeks pregnant: _____ Single: _____ 30 week date: _____

Due Date: _____ First pregnancy: _____

If no, provide more information: _____

Are you responsible for other children? If so, explain: _____

Mental health issues: _____

Drugs/Alcohol: _____ If yes, provide more information: _____

_____ Medications: _____

Warrant for arrest: _____ If yes: _____

Past records: _____

Are you fleeing domestic violence: _____ Is there a restraining order? _____

Is anyone pressuring you to have an abortion? Y/N

Are you considering having an abortion? Y/N

What county do you live in? _____

Phone: _____ Is this your cell: _____ May we leave a message: _____

May we identify ourselves as MCRVA to whomever answers? Y/N

May we contact you by email? _____

Are you safe?: _____

P.O. Box 17321, Richmond, VA 23226

(804) 878-3215 www.maryschoicerva.org

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Interviewer name: _____ Date: _____ Time: _____

PLEASE BE SURE ALL INFORMATION (BOTH PAGES) IS COMPLETED ESPECIALLY DATE AND TIME. PLACE IN THE FRONT OF THE POTENTIAL APPLICANT BINDER IN VICKI'S OFFICE (EVEN IF "DISQUALIFIED").

INFORM THEM THEY WILL GET A RETURN CALL WITHIN FOUR DAYS.

What is your current living situation? _____

Why are you calling Mary's Choice? _____

How did you hear about Mary's Choice? _____

Is there another number we can call if we can't reach you? _____

May we leave messages at that number? _____ May we identify ourselves as Mary's Choice to whoever answers? _____

Name of social worker/case manager (if any) _____

Telephone number: _____

Organization he/she works for: _____

Diploma/GED/other? _____

Do you have or have access to transportation? _____

For our statistical purposes only would you mind telling me your race (if not that is fine)?

Staff Comments: _____

Referrals given: _____

Original Contact by: Phone or Web