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:__________________________________________ Clinic Phone:_______________

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