

Flourish Child

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Add Pregnancy Testing for Female Adolescents

INSTRUCTIONS:

Please complete the form below. Required questions are in bold. When all required questions are complete click **SAVE** or, if available, **SAVE NEXT**. Based on your responses, additional questions may be required or some answers may need to be corrected.

1. Child visit:   **2. Report Date:**Date: Today |Time: Now |

If reporting today, use today's date/time, otherwise use the date/time this information was reported.

3. Was a pregnancy test performed? Yes No Not applicable**4. Date of pregnancy test:** Today |

5. What is the result of the pregnancy test?

- None
- Positive
- Negative
- Indeterminate

6. Comments:

Audit (Show)

[Cancel](#) [Save and next](#) [SAVE](#)