Visit or Call a Clinic

1. Name of clinic ___________________________________________________________

2. Address and phone number of clinic________________________________________
   ______________________________________________________________________

3. Clinic is open from ________ a.m. to ________ p.m. _______ days a week.

4. The following services are available at this clinic:
   Birth control ______  Prenatal care _______  STD treatment ______
   Pregnancy tests ______  Sterilization ______  Counseling ______
   HIV antibody test ______

5. A routine examination or consultation about birth control information costs $ __________

6. Most states have laws that clinics can’t disclose information about clients without written consent, including whether or not clients visit the clinic. This is called “client confidentiality.” This clinic’s confidentiality policy is as follows:
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

7. Besides English, the following languages are spoken at this clinic: _________________
   ______________________________________________________________________
   ______________________________________________________________________

8. I felt the following level of comfort in this clinic (include such things as decor, friendliness of staff, magazines/pamphlets available in the waiting room, etc.
   1  2  3  4
   Very comfortable  Fairly comfortable  Somewhat comfortable  Uncomfortable

9. I would/wouldn’t tell a friend to visit this clinic for an examination/information consultation about protection. Write two sentences telling why or why not. ______________________
   ______________________________________________________________________
   ______________________________________________________________________

10. Something I learned at this clinic is__________________________________________
    ______________________________________________________________________
    ______________________________________________________________________

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