

**RESOLVING ABORTION ISSUES**

**APPLICATION FOR GROUP or INDIVIDUAL COUNSELLING**

Name \_\_\_\_\_

Telephone \_\_\_\_\_ Best times to phone \_\_\_\_\_

Age \_\_\_\_\_ Marital Status Now \_\_\_\_\_

Number of Children \_\_\_\_\_ Ages \_\_\_\_\_

Date(s) - approximate - of your abortion(s):  
\_\_\_\_\_

**Are you currently in counselling, psychotherapy or under the care of a psychiatrist/physician/other professional for:**

- substance misuse (alcohol or drugs) \_\_\_\_\_
- an eating disorder \_\_\_\_\_
- depression \_\_\_\_\_
- sexual abuse/assault \_\_\_\_\_
- other issues (please summarize) \_\_\_\_\_
- taking mood-altering medications (e.g. antidepressants) \_\_\_\_\_

**Are you currently:**

- going through a relationship breakup \_\_\_\_\_
- grieving the recent death of a loved one \_\_\_\_\_
- changing jobs or places to live \_\_\_\_\_
- experiencing other trauma or crisis in your life \_\_\_\_\_

(Please explain) \_\_\_\_\_

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*Lawyer*

ARNIE TOEWS  
*Counsellor*

Have you ever received any counselling about your abortion(s) before? \_\_\_\_\_

If so, please describe when, where, and if it was helpful.

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What has led you to seek counselling about your abortion(s) at this particular time?

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Would you prefer:

individual counselling \_\_\_\_\_ or a support group \_\_\_\_\_

Any other comments:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Put an X next to any statements that appropriately describe any current experiences; XX if particularly troubling:

**BEHAVIOUR CONCERNS:**

- misuse of alcohol or drugs
- eating disorder (overeating, undereating, anorexia, bulimia)
- sexual coolness (not wanting sexual relations) OR
- promiscuity (having sex with many partners)
- workaholism, inability to relax
- sleep disturbances, insomnia
- weariness, lack of energy
- uncontrollable or unexplainable crying

**EMOTIONAL ISSUES:**

- inability to forget abortion experience(s)
- periods of intense anger, rage or frustration
- depression, feeling "down", feeling "low"
- frequent thoughts about babies and/or death
- agitation, anxiety, lack of peace or calmness
- sadness, grief, lack of joy or contentment
- flashbacks of the abortion(s) triggered by sights, sounds, smells
- panic at/during internal exams
- feeling "numb"
- dreams, nightmares, unwelcome images coming into the mind
- "anniversary thoughts" on the abortion date or baby's due date

**THOUGHTS/FEELINGS ABOUT SELF:**

- guilt, shame, unforgiving towards self
- feeling unforgiven by others
- unworthy, unclean, needing to punish self
- defeated, hopeless
- inability to make decisions, insecure about own abilities
- desire to replace lost child(ren), desire to get pregnant again OR
- fear of getting pregnant again OR
- fear of infertility (not being able to get pregnant again)

**RELATIONSHIP CHARACTERISTICS:**

- blame of others (even God) for the abortion
- less ability to forgive others (more holding of *grudges*)
- less likelihood to trust others, to confide in others OR
- lack of discernment about who to confide in
- less ability to bond with previous or subsequent children (coolness) OR
- overprotection of previous or subsequent children
- avoidance of or coolness toward friends with babies
- discomfort around discussion of abortion, pregnancy