

CLIENT INFORMATION FORM (INFORMACION DEL PACIENTE)

Please complete this form as accurately and completely as possible. We may need to contact you regarding abnormal lab results. Please provide an address where you would feel comfortable receiving mail. Remember, your visit here is confidential. However, even if you decline mail, PP will attempt to contact you by mail: 1) in the event of serious or life-threatening health conditions; 2) if required by state law; or 3) to address payment due.

(Favor de llenar forma de la manera mas precisa y completa. Es posible que necesitemos contactarle con respecto a resultados anormales del laboratorio. Favor de proveer una dirección donde usted pueda recibir nuestra correspondencia. Aun cuando haya declinado a que se le contacte por correo: 1) En caso de serias condiciones médicas que amenacen contra su vida, requerido por las leyes del estado, o para comunicarle sobre su pago vencido.)

NAME _____
[NOMBRE] LAST [APELLIDO] FIRST [NOMBRE] M.I. [INICIAL]

ADDRESS _____
[DIRECCIÓN] STREET & APT # [CALLE Y NUMERO DE APARTAMENTO] CITY [CIUDAD] STATE [ESTADO] ZIP [ZONA POSTAL]

COUNTY _____ BIRTHDATE _____ TODAY'S DATE _____
[CONDADO] [FECHA DE NACIMIENTO] [FECHA DE HOY]

TELEPHONE (_____) _____ SS# _____
[TELÉFONO] [NUMERO DE SEGURO SOCIAL]

First day of last normal period? [¿Primer día de su última regla normal?] _____

Have you ever been to another Planned Parenthood clinic? Where? _____ When? _____
[¿Ha sido usted paciente de Planned Parenthood antes?] ¿Donde? [¿Cuándo?]

Please mark one [Por favor, marque uno]:

Marital Status [Estado Civil]:

- Married [Casada]
- Living with partner but not married [Vive con su pareja pero no esta casada(o)]
- Never married and not living with partner [Soltera(o) y no vive con su pareja]
- Divorced/Widowed/Separated and not living with partner [Divorciada(o)/Viuda(o)/Separada(o) u no vive con su pareja]

Ethnic Origin [Raza]:

- White [Anglo Sajona]
- Black/AA [Negra]
- Hispanic [Hispana]
- Other [Otra]
- Asian [Asiática]
- Am. Ind. / Alaskan
- Hawaiian/Pacific Isl. [Hawaiian/Isleño Pacifico]

What is the highest grade you completed in school? ¿Cuál es el nivel mas alto que completo en la escuela? _____

How did you hear about Planned Parenthood? [¿Cómo sopo sobre Planned Parenthood?]

- Radio/TV/Newspaper [Radio/TV/Periódico]
- Telephone Yellow Pages [Páginas amarillas]
- Website/Internet
- Planned Parenthood speaker or program [Asamblea o programa de Planned Parenthood]
- Word-of-mouth/friend [Amigo]
- Other medical provider or agency [Otro proveedor o agencia medicos]

Would you be willing to support Planned Parenthood's efforts to protect the right to choose and to provide compassionate sexual and reproductive healthcare to women in our community? YES NO

¿Estaría usted dispuesta a apoyar los esfuerzos de Planned Parenthood para proteger su derecho a elegir y para proveer el cuidado a la salud sexual y reproductiva de las mujeres en nuestra comunidad? si no

Emergency Contact Information: (We must have an emergency contact person with their address and phone number.)

CONTACTO DE EMERGENCIA: (Es imprescindible que nos de el nombre, dirección, y teléfono de una persona como contacto de emergencia.)

NAME: _____ RELATION: _____
[NOMBRE] [RELACIÓN]

ADDRESS: _____
[DIRECCIÓN] STREET & APT # [CALLE O NÚMERO DEL APARTAMENTO] CITY [CIUDAD] STATE [ESTADO] ZIP [ZONA]

We must have **two** contact telephone numbers: () _____ () _____
[NECESITAMOS DOS NÚMEROS DE CONTACTO.]

TO BE COMPLETED BY STAFF	MUST SEE RECOVERY ROOM FIRST: NO IV	PRE-OP MEDICATION	OTHER
CLIENT NUMBER: _____	TODAY'S DATE: _____		
PREVIOUS AB _____ [Centricity - Pregnancies]	LIVE BIRTHS: _____	GESTATIONAL AGE: _____ [Centricity - Income]	GRAVIDA _____ MISC. _____ ECTOPIC _____
TODAY'S SERVICES: _____	TODAY'S FEE: _____	NO IV	Rh neg DEPO IUD