



• **Patient Information**

Name _____, _____
Last First Middle Initial

SS# _____ Date of Birth: _____ Age: _____

Sex: Female Male Marital Status: Single Married Divorced Widowed

How did you hear about Planned Parenthood? (Check ALL of the ways you heard about PP)

- Friend/ Family Planned Parenthood Website TV: _____ Health Fair: _____
- Medical Professional: Other Website: _____ PP education program; Other: _____
- _____ Newspaper: _____ Flyer/ Brochure- _____
- Phone Book: _____ Radio: _____ where: _____

• **Contact Info & Instructions**

In order to provide you with high quality health services with respect for your privacy, we ask that you instruct us on how to get in touch with you to discuss matters such as important lab results and medical follow up, appointment scheduling, billing issues, pharmacy refill orders or potential drug recalls.

Address _____

Apt # _____

City _____

State _____ Zip _____

Email Address: _____

Employer _____

Home Phone _____

Work Phone _____

Cell Phone _____

May We Send Mail to You?

- Yes; _____ PP envelope ok
_____ plain envelope only
- No; alternate address (required):

May We Email?

- Yes No

May We Telephone?*

- Yes No

- Yes No

- Yes No

** If you have private numbers blocked on your home phone line, we may need to unblock our number when we call you using (*82), allowing our name and # to appear on your caller ID.*

• **Emergency Contact Info** (required)*:

Name _____ Telephone # _____

Relationship _____ Does s/he know you are a patient at Planned Parenthood? Yes No

** We will always attempt to reach you using the personal phone and mail information you have provided for us first. Only in the event that we are unsuccessful and need to discuss a significant medical concern with you, will we attempt to reach you via the emergency contact you have provided.*

• **Special Contact Instructions** (if applicable): _____

Registration Form

Client Name _____

Date Of Birth _____ **MR #** _____

