

Confidential



18 S. Michigan Ave. 6th Floor Chicago, IL 60603
312.592.6800

Staff Use Only:
MRN #:
Today's date:
Office:

Other:
Number of previous pregnancies: _____ Number of live births: _____ Number of living children: _____
Age at first pregnancy: _____

Number of Dependents: _____
Gross Household Income: _____ Annually Monthly Weekly

Are you an: Employee of PPIL Volunteer of PPIL TAG member None

Emergency Contact Name (Age 18 years or older): _____
Relation to Emergency Contact: _____ **Emergency Contact Phone: (____) _____**
If we need to call your emergency contact, who should we say is calling? "PP" "Lee" "Dr Office"

In order to guarantee your confidentiality in case we have to discuss any test results or other medical issues over the phone, please give us the last four digits or your social security number, or create a pin number to confirm your identity: _____

How were you referred to us?

<input type="checkbox"/> Another Family Planning Center	<input type="checkbox"/> Illinois Healthy Women	<input type="checkbox"/> Reputation
<input type="checkbox"/> Another Patient	<input type="checkbox"/> Internet/Google	<input type="checkbox"/> School
<input type="checkbox"/> Dept. of Human Services	<input type="checkbox"/> Newspaper/Magazine	<input type="checkbox"/> Social/Church Agency
<input type="checkbox"/> Flyer	<input type="checkbox"/> Outdoor Advertising	<input type="checkbox"/> TAG (Teen Awareness Group)
<input type="checkbox"/> Friend or Family	<input type="checkbox"/> Phonebook or 411	<input type="checkbox"/> The Cradle
<input type="checkbox"/> Hospital or Health Agency	<input type="checkbox"/> Private Doctor's Office	<input type="checkbox"/> TV
<input type="checkbox"/> Hotline	<input type="checkbox"/> Public Health Program	<input type="checkbox"/> Other _____
<input type="checkbox"/> Illinois Breast & Cervical Cancer Program	<input type="checkbox"/> Radio	

What is your current birth control method?

<input type="checkbox"/> Abstinence	<input type="checkbox"/> Implanon	<input type="checkbox"/> Oral Contraceptive Pills
<input type="checkbox"/> Depo-Provera injection	<input type="checkbox"/> Male condoms	<input type="checkbox"/> Ortho Evra patch
<input type="checkbox"/> Diaphragm/Cervical Cap	<input type="checkbox"/> Male Sterilization	<input type="checkbox"/> Paragard IUD
<input type="checkbox"/> Female condoms	<input type="checkbox"/> Mirena IUS	<input type="checkbox"/> Spermicide alone
<input type="checkbox"/> Female Sterilization	<input type="checkbox"/> None	<input type="checkbox"/> Other Method _____
<input type="checkbox"/> Fertility Awareness Method	<input type="checkbox"/> NuvaRing vaginal ring	

If "None", why? Pregnant, Planned Pregnant, Unplanned Seeking Pregnancy
 Infertile Other Medical reason Personal Choice