

AFFIX LABEL HERE

Client's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Patient # \_\_\_\_\_

**You must provide a phone and mail contact for lab results!**

**Patient Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Is it okay to send mail to you at this address?  YES  NO

If NO, is it okay to send in an unmarked envelope?  YES  NO

If NO, what address may we use for mail?

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email Address** \_\_\_\_\_

I would like to receive Planned Parenthood promotions via email:  YES  NO

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

Is it okay to call you at any of these numbers?  YES  NO

If no, what number should we use? \_\_\_\_\_

May we leave a message?  YES  NO If YES, which number(s)? \_\_\_\_\_

May we text your cell?  YES  NO

I would like to receive Planned Parenthood promotions via text message:  YES  NO

**Emergency contact:** (Required for ALL patients. MUST be parent or guardian if under 18)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Marital status:**

- Single
- Married
- Separated
- Divorced
- Widowed

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_\_\_ ( month, date, year)

**Your age:** \_\_\_\_\_ years old

**Female**  **Male**

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Staff Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please turn the form over for more information



Client's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Patient # \_\_\_\_\_

## DEMOGRAPHIC INFORMATION

### Race:

American Indian \_\_\_\_\_  
Asian \_\_\_\_\_  
Black/ African American \_\_\_\_\_  
Multiple Race \_\_\_\_\_  
Native Hawaiian/Pacific Islander \_\_\_\_\_  
Unknown / other \_\_\_\_\_  
White \_\_\_\_\_

### Ethnicity:

Hispanic \_\_\_\_\_  
Non-Hispanic \_\_\_\_\_

### Language:

Limited English proficiency? YES NO  
Do you need an interpreter? YES NO

### Employment Status:

Full-time \_\_\_\_\_  
Part-time \_\_\_\_\_  
Unemployed \_\_\_\_\_

### Current Contraceptive Method:

None \_\_\_\_\_ (Check reason in box below)  
Birth Control Pills \_\_\_\_\_  
Condom—female \_\_\_\_\_  
Condom—male \_\_\_\_\_  
Depo-Provera \_\_\_\_\_  
Diaphragm \_\_\_\_\_  
Implanon \_\_\_\_\_  
IUD \_\_\_\_\_  
NuvaRing \_\_\_\_\_  
Other method \_\_\_\_\_  
Patch (Ortho-Evra) \_\_\_\_\_  
Sterilization \_\_\_\_\_

### Reason for NOT using Birth Control:

Pregnant or seeking pregnancy \_\_\_\_\_  
Not at risk \_\_\_\_\_  
Not sexually active \_\_\_\_\_  
Not interested or undecided \_\_\_\_\_

### Student Status:

Highest grade achieved \_\_\_\_\_  
Full-time \_\_\_\_\_  
Part-time \_\_\_\_\_  
Not a student \_\_\_\_\_

### THE PLANNED PARENTHOOD PROMISE

Creating hope for humanity.  
The freedom to dream, to make choices,  
and to live in peace with our planet.