

Today's Date:

Patient Label

DEMOGRAPHIC DATA

Last Name		First Name		MI
Mailing Address		Primary Phone Number ()		May we say Planned Parenthood called? Y / N <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
May we mail to this address? <input type="checkbox"/> Yes <input type="checkbox"/> No		Alternate Phone Number ()		May we say Planned Parenthood called? Y / N <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Previous Last Names		Social Security Number		EMAIL: _____
Birth Date		Age	Sex Female Male	

IF WE CANNOT REACH YOU, IS THERE AN ALTERNATE CONTACT?

Name _____ Relationship _____ Phone _____
 Address _____
 City _____ State _____ Zip Code _____

EMERGENCY CONTACT:

Name _____ Relationship _____ Phone _____
 Address _____
 City _____ State _____ Zip Code _____
 Does this person know you are here? Yes No

PERSONS AUTHORIZED TO PICK UP SUPPLIES:

Name _____ Relationship _____
 Name _____ Relationship _____

Marital Status (circle one): Single₁ Married₂ Widowed₃ Divorced₄ Separated₅

White - Non Hispanic White - Hispanic Black - Non Hispanic Black - Hispanic American Indian or Alaska Native - Non Hispanic American Indian or Alaska Native - Hispanic Asian/Pacific Islander - Non Hispanic Asian/Pacific Islander - Hispanic Multiracial - Non Hispanic Multiracial - Hispanic Other - Non Hispanic Other - Hispanic Unknown	Last year completed in school (circle one): 6 7 8 9 10 11 12 Diploma or GED 13 14 15 16 16+
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Complete page 2 (over)

INCOME DECLARATION

HOUSEHOLD INCOME: (for everyone in the house)	Before tax income \$ _____ per hour/week/year
Number of people supported by the combined incomes above: Adults: _____ Children: _____	

I have private medical insurance coverage Y / N

I am covered under a parent's insurance plan Y / N

I have Medicaid insurance coverage (XIX) Y / N

I have Medicare insurance coverage Y / N

I plan to use this coverage for my services Y / N

If no, why? _____

I verify the above information is correct. It is Planned Parenthood of East Central Iowa's practice to bill all accounts that are not paid in full at the time of service. I understand that by accepting a discount, I cannot file an insurance claim on my own, but I can still file to flex-plan.

Patient Signature

Date