

PLANNED PARENTHOOD OF SOUTH FLORIDA AND THE TREASURE COAST, INC.

- () Indian River, 3106 20th St., Vero Beach, FL 32960, (772) 778-0037, Fax (772) 778-1050
- () Martin County, 1322 NW Federal Hwy., Stuart, FL 34994, (772) 692-2023, Fax (772) 692-1555
- () West Palm Beach, 801 Village Blvd., Suite 304 WPB, FL 33409, (561) 683-0302 Fax (561) 683-9823
- () Lake Worth Clinic, 4889 Lake Worth Rd., #109, Lake Worth, FL 33463 (561) 641-0300, Fax (561) 641-2698
- () Boca Health Center, 8177 Glades Road Bay 25, Boca Raton, Fl 33434 (561) 226-4116, Fax (561) 939-1344
- () North Miami Health Center, 681 NE 125th, North Miami, FL 33161, (305) 895-7756, Fax (305) 895-7763
- () Miami Jean Shehan Health Center, 3119A Coral Way, Miami, FL 33145, (305) 285-5535, Fax (305) 285-6956
- () Kendall Health Center, 11440 S.W. 88th St., #109, Miami, FL 33176 (786) 263-0001, Fax (786) 263-0004

DEMOGRAPHIC DATA

DATE: _____ CHART: _____
 BIRTHDATE: _____ AGE: _____
 NAME: _____ SOC. SECURITY # _____

Where would you like to have mail sent?

ADDRESS: _____
 (Street) (Apt.#) (City) (State) (Zip)

Please provide us with two (2) contact phone numbers.

 (Home) Caller ID? Y/N (Other) Caller ID? Y/N (Cell)
 E-Mail Address _____

If you are not at home when we call, may we leave a message that "Planned Parenthood" called? Yes No

If you do not want us to identify ourselves as Planned Parenthood,ask us to use the "Dana" code. We only call when we have an important message about your health. Would you like to use the "Dana" code? Yes No

Who should be contacted in the event of a medical emergency?

Note: If you are under 18 this must be the name of your parent or legal guardian.

Name	(Relationship)		Contact #
Ethnicity (please check one)	Hispanic	Non-Hispanic	Insurance(please check one)
Alaskan or American Indian	<input type="checkbox"/>	<input type="checkbox"/>	Uninsured <input type="checkbox"/>
Hawaiian or S. Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	Public <input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	Private <input type="checkbox"/>
Black	<input type="checkbox"/>	<input type="checkbox"/>	Does your insurance cover
White	<input type="checkbox"/>	<input type="checkbox"/>	Family Planning Services?
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Multiple	<input type="checkbox"/>	<input type="checkbox"/>	
Student Status:	Full time <input type="checkbox"/>	Employment Status:	Full time <input type="checkbox"/>
	Part time <input type="checkbox"/>		Part Time <input type="checkbox"/>
			Unemployed <input type="checkbox"/>
		Gross Monthly Income:	\$ _____
		How many people live on this income?	_____

If you cannot come to pick up supplies yourself, who may pick them up for you?

 (Name) (Name)