Welcome to Planned Parenthood!

Planned Parenthood®
Care. No matter what.

Name: _____ _____ _____
Last   First   Middle Initial   Preferred Name

Date of Birth: _____   Age:_____   Social Security: _____

Have you ever visited *any* Planned Parenthood Health Centers before today's visit?   ❑ Yes   ❑ No

List any other name(s) you have used: _____

Provide the address and phone number(s) where we may contact you:

We will attempt to contact you by mail and/or phone for the following reasons:
    1) To inform you or follow up with you regarding any abnormal issues found during your visit or abnormal results following your visit
    2) If required by state law
    3) To address payment due

Address: _____ Apartment #: _____
Street / PO Box

_____
City   State   Zip Code

Cell: _____   Work: _____   Home: _____

Special Instructions:_____

EMERGENCY CONTACT REQUIRED: Who should we contact in case of a medical emergency?

Name: _____ Relationship: _____

Address: _____ Phone: _____
Street   City   State   Zip

Mark all that apply:

Marital Status: ❑ Married   ❑ Never Married   ❑ Previously Married

Gender: ❑ Female   ❑ Male   ❑ Trans   [❑ *M – F or* ❑ *F – M*]

Race: ❑ White   ❑ Black/AA   ❑ Asian   ❑ Am. Ind./Alaskan   ❑ Hawaiian/Pacific Isl.   ❑ Unknown

Ethnic Origin: ❑ Hispanic/Latino   ❑ Non-Hispanic/Non-Latino   ❑ Unknown

Mark the reason(s) for today's visit:

❑ Annual exam	❑ Urinary tract infection	❑ Gardasil (HPV Vaccine)	
❑ Pap test	❑ Pregnancy test	❑ Implant insertion	❑ Implant removal
❑ STD test	❑ Birth control pills/patch/ring	❑ IUD insertion	❑ IUD removal
❑ HIV test	❑ Birth control shot (Depo)	❑ Colposcopy	❑ Cryotherapy ❑ LEEP
❑ Vaginal problems	❑ Emergency Contraception – EC	❑ Other: _____	

First day of your last menstrual period: Are you pregnant:

❑ N/A   ❑ Not sure   Date:_____   ❑ N/A   ❑ Yes   ❑ No   ❑ Not sure

Do you have private insurance?   ❑ Yes (*present card*)   ❑ No

Do you have Medicaid?   ❑ Yes (*present card*)   ❑ No

TX: Are you on WHP (Women's Health Program)?   ❑ Yes*

LA: Are you on Take Charge?   ❑ Yes (*present card)*   ❑ No

The information I provided is true and correct:

CLIENT SIGNATURE: _____ DATE: _____

ID verified   ❑ YES ❑ NO   *TX WHP = Yes — CM130 signed: ❑ YES   *STAFF INITIALS:* _____