Planned Parenthood®
Planned Parenthood of the Heartland

DEMOGRAPHIC DATA

Name: _____
Last First MI Maiden

Name used other than your legal name: _____

Social Security Number: _____ Birth Date: _____ Age: _____ Sex: _____

Your information is confidential. However, we must have a way to contact you.

Address: _____
Street

_____
City State Zip County

May we send mail to this address?
☐ Yes ☐ No, but I understand that I may be contacted by phone and/or in writing in the event of an abnormal/positive lab result.

PPHeartland is not bound by a "no mail" request if you fail to pay a bill.

Day phone: _____ Home phone: _____

Which numbers may we use to contact you? ☐ Day phone ☐ Home phone

May we leave a message at these numbers?
☐ Yes ☐ No, but I understand that I may be contacted by phone and/or in writing in the event of an abnormal/positive lab result.

E-Mail Address: _____

What is your primary language? ☐ English ☐ Spanish ☐ Other: _____

Birthplace: _____
State County

Marital Status: ☐ Single ☐ Married ☐ Partnered ☐ Separated ☐ Divorced ☐ Widowed

Student Status: ☐ Not a student ☐ Full time ☐ Part time

Highest level of schooling completed:
☐ 8th grade or less ☐ 9th-12th grade, no diploma ☐ HS diploma ☐ Some college, no degree
☐ Associate's Degree ☐ Bachelor's Degree ☐ Post Graduate Degree ☐ Unknown

Race:
☐ American Indian/Alaska Native ☐ Multi-Racial ☐ Unknown
☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Other: _____
☐ Black or African American ☐ White

Ethnicity:
☐ Hispanic or Latina/Latino ☐ Non-Hispanic

Emergency Contact (must be over 18): _____
Name Phone Relationship

Name: _____
Birthdate: _____
PPHeartland Num: _____