



Planned Parenthood of Greater Ohio

# Registration Form

**Please make sure that you fill in this form correctly and completely.**

The information below will be used by Planned Parenthood (PP) when we need to contact you with an abnormal test result, or to remind you about (or reschedule) your appointment, or to send a monthly bill if you have an outstanding balance. Please be aware that if you do not answer our calls or mail regarding an abnormal test, we will attempt to reach you through your emergency contact below.



TODAY'S DATE \_\_\_\_\_

LAST NAME		FIRST NAME		MI	DATE OF BIRTH		YOUR SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	
MAILING ADDRESS			APT #	CITY		COUNTY	STATE	ZIP CODE
<b>Can we contact you at the address listed above?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If NO, please provide an alternative address below.</b>								
C/O (Name)				ALTERNATIVE ADDRESS				

YOUR RACE <input type="checkbox"/> Black (African-American) <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Multi-Racial <input type="checkbox"/> White (Caucasian) <input type="checkbox"/> Native American		YOUR ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, what language? _____
---	--	--	--

*I understand that PP will never give medical information to anyone but me without my consent, so when calling me, PP can:*

<input type="checkbox"/> Identify themselves as Planned Parenthood		<input type="checkbox"/> Identify themselves only as my "doctor's office"	
<input type="checkbox"/> Use a code name of _____ to leave a message for me to return the call; I understand that when I receive a message under this name that I must call Planned Parenthood.			
CALL THIS NUMBER <b>FIRST</b> ( )	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	ALTERNATE ( )	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

<b>Who should we contact in case of an emergency?</b>	
<b>Name:</b> _____	<b>Phone:</b> _____
<b>Relationship:</b> _____	

HIGHEST GRADE COMPLETED (✓ one)			
<input type="checkbox"/> 8th Grade Or Less	<input type="checkbox"/> High School Diploma / GED	<input type="checkbox"/> Bachelors Degree	<input type="checkbox"/> Some College/No Degree
<input type="checkbox"/> 9th-12th Grade/No Diploma	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Post Graduate Degree	

DO YOU CURRENTLY USE A BIRTH CONTROL METHOD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, WHAT METHOD (PLEASE CIRCLE)? Pill Patch Ring IUD Depo (injection) Implant Male Condom Withdrawal "pull out" Female Condom Tubes are tied Diaphragm Partner sterilized Abstinence Other _____	

STAFF: INITIAL EACH MONTH WHEN INFO HAS BEEN REVIEWED

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----