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| --- | --- |
| **Client Name:**  | **Date of Birth:** |
| **Preferred Gender:** | **Address:** |
| **Phone Number:** | **Alternate Phone or Email:** |
| **Parent/Guardian Name:** | **School attending (if any):** |
| **Client signature:** **\*By signing I agree to allow our programs to coordinate services with the referring agency** |
| **Name of person making referral:** | **Agency:** |
| **Phone Number:** | **Fax Number:** |
| **Email:** | **Date of referral:** |
| **Education topics requested (check all that apply):**\_\_ Abstinence/Birth Control \_\_ Communication/Assertiveness Skills\_\_ Consent\_\_ Decision-Making Skills\_\_ Dating Violence/Bullying\_\_ Female/Male Reproductive Health\_\_ Gender Stereotypes\_\_ Healthy Relationships/Values\_\_ HIV/AIDS\_\_ LGBTQ Sensitivity \_\_ Parent-Child Communication\_\_ Planned Parenthood Services | \_\_ Pregnancy and Childbirth\_\_ Puberty\_\_ Reproductive Anatomy and Physiology\_\_ Reproductive Rights\_\_ Self-Esteem/Body Image\_\_ Sexuality in the Media \_\_ Sexuality/Sex 101\_\_ Sexually Transmitted Infections\_\_ Stress Management\_\_ Teen Pregnancy Prevention \_\_Transgender Services**AND/OR**\_\_ Comprehensive Adolescent Pregnancy Prevention (“*Be Proud! Be Responsible!*” or “*Making Proud Choices!*”) monthly sessions held at Paddock Arcade Community Center in Watertown |
| **Additional comments:** |  |
| **Remit referral forms by mail or fax to:**Lauren Zimmerman-Meade*Regional Director of Community Engagement*315-782-1818 x219Lauren.Meade@ppncny.org | Planned Parenthood of the North Country New York, Inc.160 Stone StreetWatertown, NY 13601FAX: 315-222-7401 |



 **Education Services Referral Form**