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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 x219  Lauren.Meade@ppncny.org | Planned Parenthood of the North Country New York, Inc.  160 Stone Street  Watertown, NY 13601  FAX: 315-222-7401 |



**Education Services Referral Form**