

Chart #: \_\_\_\_\_

# Planned Parenthood of Western PA

Please complete *both sides* of this form as accurately as possible.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

**You must provide a phone and mail contact for lab results!**

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If we must contact you by mail, is an envelope with a "heart" stamp & the code name "Toni" necessary?  YES, code name is "Toni"  NO, regular mail is fine.

Do you need help reading our forms today?  NO  YES If yes, please inform our staff.

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Is it okay to identify ourselves as Planned Parenthood when we call?

YES  NO, please use the name "Toni" as a code.

**Emergency contact (required):**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have a family doctor?  YES  NO

If Yes, name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

**Gender:**

Do you identify as:  MALE  FEMALE

OTHER (please specify) \_\_\_\_\_

**Language:**

Do you speak English?  YES  NO

Do you want an interpreter?  YES  NO

**Marital status:**

Single

Married

Separated

Divorced

Widowed

Domestic Partner

**Social Security Number:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_\_\_ ( month, date, year)

**Your age:** \_\_\_\_\_ years

Patient's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please turn the form over for more information 

Chart #: \_\_\_\_\_



**First name:** \_\_\_\_\_ **Last name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Combined household income (specify weekly, monthly or yearly):**

\$ \_\_\_\_\_

**Number of people dependent upon this income:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Race:**

- American Indian
- Asian
- Black/ African American
- Multiple Race
- Native Hawaiian/Pacific Islander
- Unknown / other
- White

**Ethnicity:**

- Hispanic
- Non-Hispanic

**Employment status:**

- Full-time
- Part-time
- Unemployed

**Student status:**

Highest grade achieved \_\_\_\_\_

- Full-time
- Part-time
- Not a student

**Current Contraceptive method:**

- None (*check reason in next box below*)
- Abstinence
- Birth Control Pills
- Condom—female
- Condom—male
- Depo-Provera
- Diaphragm
- Fertility Awareness (FAM)
- Implanon
- Implant
- IUD
- NuvaRing
- Other method:  
(please specify) \_\_\_\_\_
- Patch (Ortho-Evra)
- Spermicide
- Sponge
- Sterilization
- Vasectomy

**Reason for NOT using birth control:**

- Pregnant
- Trying to get pregnant
- In a same sex relationship
- Partner pregnant/ seeking pregnancy
- Rely on female methods
- Rely on male (condoms)
- Rely on male (vasectomy)
- Other reason:  
(please specify) \_\_\_\_\_

**Health insurance information:**

- None
- Private Medical Insurance (please specify) \_\_\_\_\_

**Medical Assistance:**  UPMC For You  Gateway  Unison  Access

SelectPlan for Women  Other \_\_\_\_\_

