Patient Information

Today's Date ______________________

Date of Birth ______________________

Patient Name ______________________ Social Security # ______________________

Home Address ______________________

City ______________________ State __________ Zip Code __________

Work Address ______________________

City ______________________ State __________ Zip Code __________

Home Phone ______________________ Work Phone ______________________

Cell Phone ______________________

In case of Emergency Please Notify:

Name ______________________

Address ______________________

Phone ______________________

The following information is required by the state of Nevada.

Are you hispanic? yes no If yes, what nationality (ie. Cuban, Mexican etc.)? ______________________

Race: ☐ Native American ☐ Black ☐ White ☐ Other (specify)______________________

Please indicate the highest school grade you completed (0-12)________ College? ☐ yes ☐ no ________ years

Federal privacy rules require that you tell us how to contact you with information, lab results, appointment changes, and other information that is crucial to your care with Birth Control Care Center.

Please check all that apply.

The best way to telephone me is:

- ☐ Call my home number
- ☐ Call my work number
- ☐ Call my cell number
- ☐ Never call me
- ☐ Please list any other way to reach you ______________________

If you have to leave a message, say...

- ☐ "Birth Control Care Center called"
- ☐ "your doctor's office called"
- ☐ "Casey called" (this is our 'code' for a call from this clinic)

I understand that staff may periodically need to contact me about test results or other information about my care with Birth Control Care Center. I have made my preferences known about how to contact me.

I also understand that critical situations may arise that require Birth Control Care Center to make contact with me quickly. If unable to do so, I understand that Birth Control Care Center may send certified mail to my home address as a way to make direct contact with me. By signing below I agree to BirthControl Care Center's contact procedures.

______________________ ______________________

Patient Signature Witness

______________________ ______________________

Parent or Guardian Date and Time

How did you hear about Birth Control Care Center?

- ☐ Yellow Pages
- ☐ Internet
- ☐ Referred by Dr. ______________
- ☐ Referred by Planned Parenthood
- ☐ Referred by a friend
- ☐ Saw ad in ______________
- ☐ Radio Ad
- ☐ Been here before
- ☐ Other ______________