



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:

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

Call my home number

"Birth Control Care Center called"

Call my work number

"your doctor's office called"

Call my cell number

"Casey called" (this is our 'code' for a call from this clinic)

Never call me

Please list any other way to reach you _____

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

Referred by Planned Parenthood

Radio Ad

Internet

Referred by a friend

Been here before

Referred by Dr. _____

Saw ad in _____

Other _____