

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 & code name necessary? YES, code name is "Toni" NO, regular mail is fine.

Home phone: _____ Cell: _____ Work: _____

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

YES NO, please use "Toni" code

Emergency contact (required):

First name: _____ Last name: _____

Phone number: _____ Relationship to you: _____

Street address: _____

City: _____ State _____ Zip: _____

Does s/he know you are having an abortion today? YES NO

Gender:

Do you identify as: MALE FEMALE

Language:

Limited English proficiency? YES NO

Do you need 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 



Planned Parenthood®
of Western PA, Inc.

Chart #: _____



Last name: _____
First name: _____
Middle initial: _____

Combined household income (specify weekly, monthly or yearly): \$ _____

Family size (number of people living in your house): _____

County: _____

Race:

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

Ethnicity:

- Hispanic
- Non-Hispanic

Language:

Limited English proficiency? YES NO
Do you need an interpreter? YES NO

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
- Patch (Ortho-Evra)
- Spermicide
- Sponge
- Sterilization
- Vasectomy

Reason for NOT using birth control:

- Pregnant or seeking pregnancy
- In a same sex relationship
- Partner pregnant/ seeking pregnancy
- Rely on female methods
- Rely on male (condoms)
- Rely on male (vasectomy)
- Other reason

Health insurance information:

- None
- Private Medical Insurance
- Access Card
- SelectPlan for Women

Medical Assistance HMO:

- UPMC For You
- Gateway
- Unison
- Access
- Other _____

