

Patient Name \_\_\_\_\_ Pronoun \_\_\_\_\_

**S W E**

**B**

Date \_\_\_\_\_ Return Date \_\_\_\_\_ Return Date \_\_\_\_\_

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Preferred Name \_\_\_\_\_

Preferred Pronoun \_\_\_\_\_ What is your current gender identity? (Circle ALL that apply): Female Male

Gender Queer Transgendered Male/Transman/FTM Other (please specify): \_\_\_\_\_ Decline to answer

PRIVACY NOTICE: \_\_\_\_\_ (int) I have seen and been offered a copy of Northland Family Planning's privacy notice that explains how my personal health information will be used.

ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Put business name on envelope? (circle one) Yes No

PRIMARY PHONE: H/C/W (\_\_\_\_) \_\_\_\_\_ SECONDARY PHONE H/C/W (\_\_\_\_) \_\_\_\_\_

When calling you, what message may we leave? (Circle one): Northland Family Planning Your doctor's office Staff name only

May we email or text you updates/appt. reminders: Yes No Text/E-Mail \_\_\_\_\_

AGE: \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ Race \_\_\_\_\_ Marital Status \_\_\_\_\_

Occupation \_\_\_\_\_ Religion \_\_\_\_\_ Education: Some High School \_\_\_\_\_ High School \_\_\_\_\_

Some college \_\_\_\_\_ Completed college \_\_\_\_\_ Masters/PH.D \_\_\_\_\_ Have you had an abortion at NFP? Y / N If yes, when? \_\_\_\_\_

If somewhere else, where? \_\_\_\_\_ Did you have a positive pregnancy test before your visit today? Y / N

If yes: urine, blood, or both. Approx. date of test: \_\_\_\_\_ Where was the test performed? home, doctors office, NFP,

other \_\_\_\_\_ . Your physicians Name/Address/Phone # \_\_\_\_\_

How did you hear about our services? \_\_\_\_\_. If referred by a physician, is it the one listed above? \_\_\_\_\_

What made you choose NFP? \_\_\_\_\_

What is the name and relationship of the person(s) with you / driving you today: \_\_\_\_\_

In case of an emergency during your visit, or the event that we find it to be in your best interest, you give NFP permission to discuss your health information with this person \_\_\_\_\_ (patient initials).

Their phone number is \_\_\_\_\_ Do they know the reason for your visit? Yes No

In case of emergency I give NFP permission to contact \_\_\_\_\_ at the number (\_\_\_\_) \_\_\_\_\_

Do they know the reason for your visit? Yes No Their relationship to you \_\_\_\_\_

Medical Insurance: I am covered by \_\_\_\_\_ Using it today? Yes No

Office Use Only:

Appt Time \_\_\_\_\_ Arrival Time \_\_\_\_\_ INS/NAF/\$ \_\_\_\_\_