



Summit Family Planning  
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 \_\_\_\_\_

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 Summit Family Planning.

Please check all that apply.

The best way to telephone me is:

- Call my home number
- Call my work number
- Call my cell number

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

- "Summit Family Planning called"
- "your doctor's office called"
- "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 Summit Family Planning. I have made my preferences known about how to contact me.

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

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date and Time

How did you hear about Summit Family Planning?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Yellow Pages          | <input type="checkbox"/> Referred by Planned Parenthood | <input type="checkbox"/> Radio Ad         |
| <input type="checkbox"/> Internet              | <input type="checkbox"/> Referred by a friend           | <input type="checkbox"/> Been here before |
| <input type="checkbox"/> Referred by Dr. _____ | <input type="checkbox"/> Saw ad in _____                | <input type="checkbox"/> Other _____      |