

Pathway Health Clinic Client Information Sheet

Client # _____

Legal Name _____ Maiden Name _____ Preferred _____

Gender: F M FTM MTF (circle one) Preferred Pronouns _____

Address _____ City _____ State _____ Zip _____ County _____

Do you live with your parents? _____ Do they know you are a client here? _____

Billing address same as above? ____ Yes ____ No

If no, please provide _____

Date of Birth _____ (St.) _____ (City) _____ (State) _____ (Zip) _____
Social Security # _____ (optional)

Cell phone # _____ May we text you? ____ Yes ____ No Home phone # _____

Email address _____ May we email you? ____ Yes ____ No

How may we contact you with test results? ____ Email ____ mail ____ phone ____ text ____ anonymous mail

Current Birth Control Method _____ # of pregnancies _____ # of births _____ # of children _____

HIPAA password: _____ **You make up this code**, it can be a number or word; we use it to verify identification when you phone in.

Marital Status: ____ Married ____ Single ____ Divorced ____ Widowed ____ Civil Union

Race: ____ White ____ Black ____ Native American ____ Asian ____ Unknown ____ Native Hawaiian ____ Indian/Alaskan
____ Pac. Islander ____ Hispanic ____ Other (check all that apply)

Primary Language: English, Spanish, or Other _____ Limited English? ____ Yes ____ No
(circle one)

____ By checking here, I permit Family Planning to call and/or leave a message on the phone numbers listed above.

____ I understand Family Planning will send an anonymous letter to the above address, if I do not reply to messages left on my phone #, or the phone # is no longer ins service (Sent only if your health is at risk).

Anyone else we may call with confidential info? ____ Yes ____ No Who/relationship? _____ Phone # _____

Who Told You about Us? Please check

____ Media/internet/phone book ____ Family/Friend ____ Another client ____ Social Agency
____ Another Family Planning Clinic ____ DHS ____ Private Doctor
____ School ____ Hospital/Clinic ____ Stall Readers at _____
(Where)

Signature of client (confirming this information)

Date