

# Pregnancy Center Confidential Patient Intake Form

Please print clearly.

Today's Date \_\_\_\_\_

## Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Landline Phone: \_\_\_\_\_

Other Phone Number (please specify): \_\_\_\_\_

Email: \_\_\_\_\_

Contact by Phone OK     Contact by Mail OK     Contact by Email OK     Leave message OK     Text OK

Today's Visit was  Appointment  Walk-in

Birth Date (mm/dd/yyyy) \_\_\_\_\_ Age \_\_\_\_\_

## Demographic Information

Please check only ONE for each of the following, unless otherwise noted:

**Race:**

African American     Caucasian     Hispanic/Latin American     Other  
 Asian/Pacific     East Indian     Native American     Unknown

**Marital Status:**

Divorced     Married     Single     Widowed  
 Engaged     Separated     Unknown

**Education (Check current level):**     Middle school     High School     College     Not a student

Primary Language \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Income Source:**

\$0 not dependent     Dependent     TANF/SSI     Unknown  
 Child Support     Employed     Unemployed

Place of Employment: \_\_\_\_\_

**Income Level:**     \$0 - \$14K     \$15K - \$29K     \$30K - \$44K     \$44K-\$59     \$60K+

**Living with:**

Alone or with children     Father     Mother     Unknown  
 Boyfriend     Friends or relatives     Parents     Husband & Children

## Who is accompanying you to your appointment today?

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____