

**CONTACT SHEET FORM**

**PLANNED PARENTHOOD OF SOUTHWEST & CENTRAL FLORIDA**  
**MANATEE - SARASOTA - TAMPA - FT. MYERS - LAKE LAND - WINTER HAVEN - PINELLAS**  
(941) 567-3800 (941) 953-4060 (813) 980-3555 (239) 481-9999 (863) 665-5735 (863) 293-7494 (727) 898-8199

Implementation 09/07/10

Revised 4/9/12

**CONTACT**

Date: \_\_\_\_\_

**\*We will only contact you regarding your care; information will not be sold or used for solicitation purposes\***

Last/ First Name: _____
Chart#: _____
D.O.B.: _____

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County: \_\_\_\_\_ Do you prefer: "Planned Parenthood" envelope \_\_\_ Plain Envelope \_\_\_

Preferred Telephone: (1)(\_\_\_\_\_) \_\_\_\_\_ (2) (\_\_\_\_\_) \_\_\_\_\_

Is it OK to leave a message at these numbers? Yes \_\_\_ No \_\_\_ "Doctor's Office" only \_\_\_

May we send you a text message? Yes \_\_\_ No \_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Alternate Contact (Emergency):** \_\_\_\_\_ **Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Please circle one:**

SEX: Female Male

RACE: African American

Asian

Multiracial

Native American

Other

Pacific Islander

Unknown

White

ETHNICITY:

Hispanic

Non-Hispanic

**HOW DID YOU HEAR ABOUT US?**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> BCC                    | <input type="checkbox"/> Online Appointment       | <input type="checkbox"/> Social Services  |
| <input type="checkbox"/> Billboard              | <input type="checkbox"/> Past PP Patient          | <input type="checkbox"/> Source           |
| <input type="checkbox"/> Community/Public Event | <input type="checkbox"/> Physician                | <input type="checkbox"/> TV               |
| <input type="checkbox"/> Coupon                 | <input type="checkbox"/> Print Ad                 | <input type="checkbox"/> Website          |
| <input type="checkbox"/> Drove by Health Center | <input type="checkbox"/> Public Transportation Ad | <input type="checkbox"/> Yellow Page Book |
| <input type="checkbox"/> Educator               | <input type="checkbox"/> Radio                    | <input type="checkbox"/> Yellow Page-Web  |
| <input type="checkbox"/> Family/Friend          | <input type="checkbox"/> Social Media             |   |

**PLANNED PARENTHOOD STAFF USE:**

Patient instructed about contact requirements and verbalizes understanding: YES NO

REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_