

DEMOGRAPHICS

Date _____

Chart # _____

Name: _____
(first) (middle) (last)

DoB: _____ Age: _____ Address: _____
(street)

(city) (state) (zip code)

If we need to send mail to the above address, do you prefer that the return address say family planning, be left blank, or use a code return address? (circle one) Family Planning Blank/Plain Code

If Mailing Address is different: _____
(street) (city) (state) (zip code)

If we need to send mail to the above address, do you prefer that the return address say Family Planning, left blank, or use a code return address? (circle one) Family Planning Blank/Plain Code

Home Phone: _____ Work Phone: _____ Cell: _____

If we contact you at home, do you want us to say (circle one): family planning doctor code
If we contact you at work, do you want us to say (circle one): family planning doctor code
If we contact your cell phone, do you want us to say (circle one): family planning doctor code

E-mail address (if we can contact you by e-mail): _____

Latino: (circle yes or no): Yes No

Hispanic: (circle yes or no): Yes No

Race (circle one): White Black American Indian/Alaskan Native Asian
Native Hawaiian/Other Pacific Islander Other

Primary Language Spoken: _____ If interpreter is used, please give name,
address, and phone # of interpreter: _____

Emergency Contact Name** : _____ Relationship to you: _____

Emerg. Contact Phone #: _____ Address: _____

How did you find out about us? (circle one): friend relative phone book school online

Do you have any of the following insurances? Tufts Mass Health Children's Medical Security Plan

For family planning staff to complete:

Income: Weekly Income _____ OR Yearly Income _____ before taxes are taken out (including tips, worker's comp, stipends, child support, public assistance, unemployment, disability, etc.)

Spouse/partner's (if living together) Weekly Income _____ OR Yearly Income _____ (before taxes are taken out); estimate if exact amount is not known

Number of people in household supported by the above family income: _____ Fee Code _____

** If you are under the age of 18, your emergency contact person MUST be a parent or legal guardian.