

# REQUEST FOR SERVICES

Date \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Gender: M / F Age: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

***Please note that we will be contacting you for follow up services.***

May we leave a message at the phone number(s) listed above?  Yes  No

**REASON FOR YOUR VISIT:**  Pregnancy Test  Ultrasound  Consultation

# of Prior Pregnancies: \_\_\_\_\_ Outcome of Pregnancies: # \_\_\_ Births # \_\_\_ Miscarriages # \_\_\_ Abortions

First day of your last period \_\_\_/\_\_\_/\_\_\_

**How did you hear about us?**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Return Patient/Client   | <input type="checkbox"/> DHS   | <input type="checkbox"/> Planned Parenthood           | <input type="checkbox"/> Rogue Birthing Center                       |
| <input type="checkbox"/> Women's Health Center   | <input type="checkbox"/> Health Department   | <input type="checkbox"/> Doctor/Midwife— Name?: _____ |  |
| <input type="checkbox"/> Church                  | <input type="checkbox"/> Friend/Relative—Do you know how <i>they</i> heard about us? _____ |   |  |
| <input type="checkbox"/> Driving by/ Sign        | <input type="checkbox"/> TV— Which Station?: _____   | <input type="checkbox"/> Radio— Station?: _____       |  |
| <input type="checkbox"/> Bus Ad                  | <input type="checkbox"/> Facebook  | <input type="checkbox"/> Instagram                    | <input type="checkbox"/> Pandora <input type="checkbox"/> Yelp       |
| <input type="checkbox"/> Internet Search- Google | <input type="checkbox"/> Internet Search— Bing   | <input type="checkbox"/> Iphone Siri                  | <input type="checkbox"/> Android Auto <input type="checkbox"/> Alexa |

**What is your living situation?**

- |                                     |  |   |                                       |
|-------------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> Boyfriend  | <input type="checkbox"/> Spouse          | <input type="checkbox"/> Alone          | <input type="checkbox"/> Shelter      |
| <input type="checkbox"/> Girlfriend | <input type="checkbox"/> Friend/Roommate | <input type="checkbox"/> Foster Parents | <input type="checkbox"/> Homeless     |
| <input type="checkbox"/> Fiancée    | <input type="checkbox"/> Parents         | <input type="checkbox"/> Grandparents   | <input type="checkbox"/> Other: _____ |

**Relationship Status:**

- |                                   |                                    |  |
|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Engaged   | <input type="checkbox"/> Living Together |
| <input type="checkbox"/> Married  | <input type="checkbox"/> Separated | <input type="checkbox"/> Single          |

**Insurance Coverage:**

- |  |                               |
|--|-------------------------------|
| <input type="checkbox"/> OHP                     | <input type="checkbox"/> None |
| <input type="checkbox"/> Private Insurance _____ |                               |

**Religious Beliefs:**

- |  |                                   |                                       |                                       |
|--|-----------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Christian         | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Atheist      | <input type="checkbox"/> Catholic     |
| <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Mormon   | <input type="checkbox"/> Muslim/Islam | <input type="checkbox"/> Other: _____ |

**How are you financially supported?**

- |                                     |  |   |                                       |                                       |
|-------------------------------------|--|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Boyfriend  | <input type="checkbox"/> Child Support | <input type="checkbox"/> Friends        | <input type="checkbox"/> Parents      | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Girlfriend | <input type="checkbox"/> Employed      | <input type="checkbox"/> SSI Disability | <input type="checkbox"/> WIC          |                                       |
| <input type="checkbox"/> Fiancée    | <input type="checkbox"/> Food Stamps   | <input type="checkbox"/> Spouse         | <input type="checkbox"/> Other: _____ |                                       |

**OFFICE USE ONLY**

Note in eFile

Photo ID

Reviewed by: \_\_\_\_\_

File # \_\_\_\_\_ eFile # \_\_\_\_\_

Photo

RETURN - Last RSF Date: \_\_\_\_\_

*After reading the statements below, please put your initials on each line.*

\_\_\_\_\_ **The PCC Medical Program** offers early pregnancy health services at no cost and serves as a gateway to ongoing obstetrical care. Our medical services are provided under the direction and supervision of a licensed Physician and implemented by licensed Medical Providers.

\_\_\_\_\_ PCC is a place where you can feel safe and be treated with respect at all times. All of our services are free of charge. **All information is confidential unless mandatory reporting laws apply or if we suspect you are in danger, or are in danger of hurting yourself or others.**

\_\_\_\_\_ PCC's services are not a substitute for professional counseling or follow-up medical services with a Physician.

\_\_\_\_\_ PCC's goal is to equip you by giving you facts, information, and through the use of a decision guide, help you make an informed decision. All of our staff is fully trained.

\_\_\_\_\_ We sometimes provide informal referrals for medical care, professional counseling, and other community services, we assume no legal responsibility for services provided by other agencies or individuals; nor are the views of these organizations/individuals necessarily the views of PCC.

\_\_\_\_\_ PCC is not an adoption agency nor are we affiliated with any adoption agency.

\_\_\_\_\_ **PCC does not perform nor directly refer for abortions**, nor do we dispense birth control.

\_\_\_\_\_ Our Pathways program offers individual support and group classes for expecting parents.

Following your appointment, a PCC representative will be contacting you with additional information and support. By signing this form you give permission for a PCC Representative to contact you. **If you fail to respond to our calls or texts we may be required to send you a certified letter to your preferred mailing address.**

**No recordings are permitted.** Confidentiality applies for all appointments. PCC and its representatives (paid and volunteer) do NOT consent to having any conversations recorded.

I have read and understood the above and hereby authorize the staff of PCC to render whatever services are necessary for my care.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

