obria | MEDICAL CLINICS

Patient Intake Form

Today's Date:

❑ Appointment ❑ Walk-in
❑ Time of Arrival:_________

Gender: ❑ Male ❑ Female

MRN: (Office Use Only)

First Name: | MI: | Last Name: | Birth Date: | Age:

Address: | City: | State: | Zip:

Cell Phone:
❑ OK to call and leave message
❑ OK to text me
❑ Do not call

Email:
❑ OK to email me ❑ Do not email me

Preferred Pharmacy Name:
Pharmacy Phone #: City:
Cross Streets:

Home Phone:
❑ OK to call and leave message
❑ Do not call

Preferred Method of Contact?
❑ Phone ❑ Text ❑ Email
❑ No Preference

Primary Language:
❑ English ❑ Chinese ❑ Russian ❑ Spanish ❑ Vietnamese
❑ Other ___________________

Occupation:

Have you been to our clinic before? ❑ No ❑ Yes, When? ____________________ Under what name? _______________________ ❑ Same as Above

1. How did you hear about us? (check one)

❑ Facebook ❑ Ad: College Paper ❑ Ad: High School Paper ❑ Ad: Phone Book ❑ 800# Hot Line
❑ Internet: Google, MSN, Yahoo, BING, Twitter (please circle) ❑ Agency ❑ Other Pregnancy Center ❑ Church ❑ 411
❑ School: Nurse, Counselor, Teacher, Coach (please circle) ❑ Friend/Relative ❑ Other ____________ ❑ Sign ❑ Flyer

2. What outside help are you receiving? (check all that apply)

❑ CalWorks ❑ Church ❑ Food Stamps ❑ Friends ❑ Husband ❑ Insurance
❑ Medicaid ❑ Other _______ ❑ Other Pregnancy Center ❑ Parents ❑ WIC

3. How old were you when you became sexually active?

4. Have you ever been a victim of abuse: ❑ None ❑ Mental/Verbal ❑ Physical ❑ Rape ❑ Sexual

5. Have you ever been tested for a sexually transmitted disease? ❑ Yes ❑ No Date last tested? ______________

Family Income Level:
❑ Dependent
❑ Unemployed
❑ Welfare/SSI
❑ $0-$14,000
❑ $15,000-$29,000
❑ $30,000-$44,000
❑ $45,000-$59,000
❑ $60,000+

Number of people related to you in your household:
____

Marital Status:
❑ Annulled
❑ Divorced
❑ Legally Separated
❑ Married
❑ Never Married /Single
❑ Domestic Partner
❑ Widowed
❑ Other:
____

Religion:
❑ Adventist ❑ Agnostic
❑ Atheist ❑ Baptist
❑ Christian ❑ Christian Scientist
❑ Episcopalian ❑ Hinduism
❑ Jehovah's Witness ❑ Judaism
❑ Latter Day Saints/Mormon ❑ Lutheran
❑ Nazarene ❑ Non-Roman Catholic
❑ Orthodox ❑ Paganism
❑ Presbyterian ❑ Protestant
❑ Roman Catholic ❑ WICCA
❑ Zen Buddhism
❑ None ❑ Islam
❑ Other, specify: ___________________

Ethnicity:
❑ Decline to Specify
❑ Hispanic or Latino
❑ Not Hispanic or Latino

Race (check all that apply):
❑ American Indian
❑ Asian
❑ Black or African American
❑ Decline to Specify
❑ Native Hawaiian or Other Pacific Islander
❑ Other Race
❑ Unknown
❑ White

Highest Level of Education Completed
❑ Grad School
❑ College or University
❑ Jr. College
❑ High School/GED
❑ Middle School / Jr. High
❑ Trade School

Reasons for coming here today (check all that apply):

❑ Pregnancy Test ❑ STI/STD Testing ❑ Well-Women Visit ❑ Community Referrals ❑ Discuss Options
❑ Other: _______________________