



FAMILY PLANNING ASSOCIATES MEDICAL GROUP, LTD

Patient Demographic and Contact Information

Please note that in the event of a missed follow up visit, abnormal lab result, medical emergency or at the request of our professional medical staff we will attempt to contact you by any means necessary.

If you receive a phone call or letter from our facility please contact us immediately to avoid additional contact attempts.

If we leave a message, would you like us to identify ourselves as "Amy" instead of a doctor's office? Yes No

First Name: _____ Last Name: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ Age: _____

Address: _____
Street Address Apartment Number City State Zip Code

Telephone Contacts: _____
Primary (Message) Phone Alternative Number and/or E-mail Address

Do you live in Cook County? Yes No—If no, what county do you live in? _____

Emergency Contact: _____
Full Name Relation Phone Number

How did you hear about our facility? _____

What best describes your race? American Indian or Alaska Native Black or African American White
 Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian: _____
 Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander: _____

Do you descend from Latina/Hispanic origin? No Mexican, Mexican American, Chicana Cuban
 Puerto Rican Other Spanish/Hispanic/Latina: _____

Are you currently a student? Yes – Full Time Yes – Part Time No

What is your highest level of education completed? 8th grade or less Some High School
 High school graduate Some College College Graduate Post-Graduate Degree

What best describes your marital status? Married Single Previously Married Living with a partner

Are you currently employed? Yes – Full Time Yes – Part Time No

What is your average monthly household income? _____

Do you have health insurance? Yes – Through my job Yes – Through my Parent/Spouse
 Yes – Through Medicaid / Public Aid / Pink Card No – I do not have any form of health insurance

Will you be using your health insurance for your visit today? Yes No

Please note that this information is requested for statistical purposes only. This information is required by governmental agencies and private institutions that provide financial assistance to patients. Accordingly, statistical information will be forwarded to them without any unique identifiers that could allow them to discover the individual identity of any one of our patients. Please be assured that your privacy is of the utmost importance to us.

Translator's Signature: _____