

☐ St. Petersburg Woman's
Health Center, Inc.
3401 - 66th Street North
St. Petersburg, Florida 33710
Phone: (727) 381-6620

☐ Tampa Woman's
Health Center, Inc.
2010 E. Fletcher Ave.
Tampa, Florida 33612
Phone: (813) 977-6176

☐ Bread and Roses
Woman's Health Center
1560 S. Highland Avenue
Clearwater, Florida 33756
Phone: (727) 446-2690
Emergency: (727) 562-6796

MEMBERS: NATIONAL ABORTION FEDERATION

PATIENT INFORMATION

We appreciate you taking the time to provide us with the following information. Please answer each question completely and write clearly. One of our staff is available if you have any questions.

Name _____ Home Phone (_____) _____

Address _____ City/State/Zip _____

Place of Employment _____ Work Phone (_____) _____

Date of Birth _____ / _____ / _____ Age _____ Social Security # _____ - _____ - _____

(Check 1) ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Separated

Husband's Name _____ Husband's Employment _____

Do you have medical insurance? ☐ Yes ☐ No

Name of Insurance Company _____ Policy # _____

Have you ever been a patient here before? ☐ Yes ☐ No If yes, when? _____

Was your last name the same at that time? ☐ Yes ☐ No If not, what was it? _____

In case of an emergency, who should we call? (If you are 18 or under, this is your parent/guardian.)

Name _____ Relationship _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

Address _____ City/State/Zip _____

☐ I have received, read and understand the PATIENT BILL OF RIGHTS _____ (initials)

REFERRAL INFORMATION

How did you learn about our center? (Please check one.)

VERIZON YELLOW PAGES

- ☐ Bartow
- ☐ Bradenton
- ☐ Clearwater
- ☐ Dade City
- ☐ Englewood
- ☐ Haines City
- ☐ Lakeland
- ☐ Lake Wales
- ☐ Lutz
- ☐ Plant City
- ☐ Sarasota
- ☐ Siesta Key
- ☐ St. Petersburg

☐ St. Pete Gulf Beaches

- ☐ Tampa
- ☐ Tarpon Springs
- ☐ Venice
- ☐ Winter Haven
- ☐ Zephyrhills
- ☐ Tampa - Spanish
- ☐ Other

BELL SOUTH YELLOW PAGES

- ☐ Brooksville
- ☐ Orlando
- ☐ Spring Hill
- ☐ Other

SPRINT YELLOW PAGES

- ☐ Name
- ☐ Internet
- ☐ Newspaper, Which One _____
- ☐ Doctor, Which One? _____
- ☐ Nurse, Which One? _____
- ☐ Driving By
- ☐ Friend
- ☐ Agency (planned parent)

☐ Another Center, Which One? _____

☐ Other _____

Signature _____ Witness _____ Date ____ / ____ / 20 ____