

First Visit Teen Clinic Intake Form

After you complete this form, please give to the receptionist

Name: _____ Date: _____

What is the best way to reach you with results or for follow up? (I.E. Cell, Email) _____

****Note: We need to be able to contact you in case of a positive result. If we cannot contact you within 7 days a letter will be sent home. ****

Reason for today's visit: (circle all that apply)

Birth Control Birth Control Refill/Follow-Up Birth Control Failure/Issues
STD/HIV Testing Test Results Relationship Questions
Missed Period Condoms (Refill OR Failure) Emergency Contraception (Plan B)
Other _____

Are you concerned you might be pregnant? Yes No

Do you have an adult or family member who you can talk to about today's visit? Yes No

Are you experiencing any cramping or vaginal/penile discharge? Yes No

How did you hear about our clinic?

Friend School Presentation Flyer Social Media Other _____

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