WOMEN'S HEALTH
BOULDER VALLEY WOMEN'S HEALTH CENTER

MENTAL HEALTH SCREENING: Please Circle YES or NO

Over the past two weeks, have you often had little interest or pleasure in doing things? YES NO

Over the past two weeks, have you often been bothered by feeling down, depressed, or hopeless? YES NO

SEX ASSIGNED AT BIRTH

- ☐ Female
- ☐ Male
- ☐ Intersex
- ☐ "X" or None Assigned

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GENDER

- ☐ Woman
- ☐ Nonbinary
- ☐ Man
- ☐ Trans
- ☐ Genderqueer
- ☐ Genderfluid
- ☐ Agender
- ☐ ______________________

PRONOUNS

- ☐ She/Her/Hers
- ☐ He/Him/His
- ☐ Ze/Zir/Zirs
- ☐ They/Them/Theirs
- ☐ No pronouns
- ☐ ______________________

LANGUAGES

- ☐ English
- ☐ Spanish
- ☐ Arabic
- ☐ Russian
- ☐ Hindi
- ☐ Mandarin
- ☐ Nepalese
- ☐ Portuguese

RACE

- ☐ Asian/Asian American
- ☐ Native Hawaiian/Pacific Islander
- ☐ Black/African American
- ☐ American Indian/Native Alaskan
- ☐ White/Caucasian

ETHNICITY

- ☐ Not Hispanic/Latinx
- ☐ Hispanic/Latinx

CIVIL STATUS

- ☐ Single
- ☐ Married/Civil Union
- ☐ Domestic Life Partner
- ☐ Divorced
- ☐ Annulled
- ☐ Legally Separated
- ☐ Widowed
- ☐ Polygamous
- ☐

SEXUAL ORIENTATION

- ☐ Straight/Heterosexual
- ☐ Lesbian or Gay
- ☐ Bisexual
- ☐ Pansexual or Omnisexual
- ☐ Asexual
- ☐ Queer
- ☐ Questioning
- ☐

MIDDLE SCHOOL/HIGH SCHOOL

- ☐ I am a middle school or high school student

Where:_______________

Highest level of education: _____________

EMERGENCY CONTACT: Must be a parent or guardian IF you are under 18 years of age

Colorado law states that minors can access birth control and STI-related services without parental notification or consent but still must list a parent/guardian for emergencies **If under 18, does your parent/guardian know you receive services here? Circle:** YES NO

NAME: ________________________________ RELATIONSHIP TO YOU: ________________________________

PHONE: ________________________________

Does the emergency contact know you receive services here?	YES	NO
May we contact this person if we can't reach you?	YES	NO
May we disclose medical information to this person?	YES	NO
May this person pick up medications for you?	YES	NO

FIRST VISIT? HOW DID YOU HEAR ABOUT US? ____