TODAY'S DATE: _____

WOMEN'S HEALTH
BOULDER VALLEY WOMEN'S HEALTH CENTER

NAME:	**LEGAL NAME:** (used for insurance purposes)
DATE OF BIRTH:	**AGE:**
ADDRESS:	
CITY:	**STATE:** **ZIP CODE:** **COUNTY:**
Is it okay to send mail to this address? ☐Yes ☐No	You will receive statements in the mail if a balance remains after your visit regardless of the preference indicated here.

PATIENT CELL PHONE:	Detailed Voicemail ok? ☐Yes ☐No	Text ok? ☐Yes ☐No
OTHER PHONE:	Detailed Voicemail ok? ☐Yes ☐No	We will contact you on your cell phone first unless you tell us otherwise.
EMAIL:	For Patient Portal Registration	

SEX ASSIGNED AT BIRTH	**GENDER**	**PRONOUNS**
☐Female ☐Male ☐Intersex ☐"X" or None Assigned	☐Woman ☐Genderqueer ☐Nonbinary ☐Genderfluid ☐Man ☐Agender ☐Trans ☐	☐She/Her/Hers ☐They/Them/Theirs ☐He/Him/His ☐No pronouns ☐Ze/Zir/Zirs ☐
LANGUAGE(S)	**RACE**	**ETHNICITY**
☐English ☐Spanish ☐	☐Asian/Asian American ☐Native Hawaiian/Pacific Islander ☐Black/African American ☐American Indian/Eskimo ☐White/Caucasian	☐Not Hispanic/Latinx ☐Hispanic/Latinx
CIVIL STATUS	**SEXUAL ORIENTATION**	**MIDDLE SCHOOL/HIGH SCHOOL**
☐Single ☐Married/Civil Union ☐Domestic Partner/Life Partner ☐Divorced ☐Annulled ☐Legally Separated ☐Widowed ☐Polygamous ☐	☐Straight/Heterosexual ☐Lesbian or Gay ☐Bisexual ☐Pansexual or Omnisexual ☐Asexual ☐Queer ☐Questioning ☐	☐I am a middle school or high school student Where? _____

EMERGENCY CONTACT Must be a parent or guardian if you are under 18.

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? ☐Yes ☐No

NAME:_____ **RELATIONSHIP TO YOU:**_____

Does the emergency contact know you receive services here? ☐Yes ☐No

PHONE:_____ May we contact this person if we can't reach you? ☐Yes ☐No

FIRST VISIT? HOW DID YOU HEAR ABOUT US?

☐Another Doctor/Clinic – Who? _____	☐Community Fair/Festival – Which? _____
☐Friend/Family Member	☐Social Media – Where? _____
☐My Insurance	☐Newspaper or Bus Ad
☐WIC/TANF/SNAP/GENESIS(TER)	☐Presentation – Where? _____
☐Searched online/Googled	☐Other – Where? _____