Southwestern Women's Options
522 Lomas NE
Albuquerque, NM 87102

PATIENT INFORMATION

(Please print clearly)
All information **must** be correct and complete.

PATIENT NAME: _____
First Name Middle Initial Last Name

DATE OF BIRTH: _____ AGE: _____ SS#: _____ (only if using Medicaid)

CITY: _____ STATE: _____ ZIP: _____

*PHONE: _____ May we leave a message? YES / NO *In the instance we may need to reach you.

COUNTY: _____ RACE: _____

HIGHEST GRADE COMPLETED IN SCHOOL ___8 ___9 ___10 ___11 ___12 ___13 ___14 ___15 ___16 ___17+

MARITAL STATUS: ___M ___S ___D ___W SPOUSE'S NAME: _____

EMERGENCY CONTACT PERSON: _____

EMERGENCY CONTACT PHONE: _____ RELATIONSHIP: _____

We do call patients post abortion; 7 days if doing the Medical Abortion, 24-48 hours post procedural abortion. If you **do not** want us to call you, please check this box ☐ and we will not call.

PAYMENT ARRANGEMENT: (READ CAREFULLY)

Payment is expected in full before services are rendered. ONLY CASH, VISA, MASTERCARD, DISCOVER CARD, and AMERICAN EXPRESS ACCEPTED.

AUTHORIZATION TO OBTAIN OR RELEASE INFORMATION:

I fully comprehend the privacy notice given to me by Southwestern Women's Options I understand I must complete a medical release form in order to receive copies of my medical records or in order to have any of my medical information released to any person or facility. There is a fee of $75 for the entire medical record, and for FMLA documents. I authorize Southwestern Women's Options to contact and give information about my medical condition in the event of an emergency and/or to the emergency contact person listed above.

WE RESERVE THE RIGHT TO REFUSE SERVICES:

To any person requesting an abortion who does not have the appropriate identification, anyone who is under the influence of alcohol, illegal drugs and / or prescription medication(s) which in any manner may alter the patient's ability to make an informed consent, or any abusive behavior to staff, physicians, or family members.

Patient Signature: _____ Date: _____