

# Women for Women

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<b>Contact</b>	Full legal name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span style="font-size: small;">Last name</span> <span style="font-size: small;">First name</span> </div> Preferred name: _____ Date of birth: _____ S.S#: _____ Email: _____ Home address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span style="font-size: small;">Street</span> <span style="font-size: small;">City</span> <span style="font-size: small;">State</span> <span style="font-size: small;">Zip code</span> </div> Cellphone: (____) _____ Home: (____) _____ Work: (____) _____ Which number is your preferred contact number: <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work Is there any place you do NOT want us to leave a message? _____
<b>Personal</b>	Occupation: _____ Employer/School: _____ Primary care provider: _____ Are you (circle answer) Single Married Other: _____ Partner's name: _____ Date of birth: _____ Name of individual insurance is under: _____ Date of birth: _____
<b>Pharmacy</b>	Preferred pharmacy name: _____ Location: _____
<b>Emergency contact</b>	Emergency contact: <input type="checkbox"/> Same as partner or _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span style="font-size: small;">Name</span> <span style="font-size: small;">Relationship</span> </div> Phone number: _____
<b>Medical disclosure</b>	<b>AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION (appt/results/care) to:</b> <input type="checkbox"/> Same as partner <input type="checkbox"/> Same as emergency contact or _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span style="font-size: small;">Name</span> <span style="font-size: small;">Relationship</span> </div> Phone number: _____
	By signing below I verify that the above information is correct and true to the best of my knowledge.  Signature of patient: _____ Today's date: _____