SOUTHERN NEVADA HEALTH DISTRICT

SUMMARY OF SOCIAL INFORMATION

Date: _____

Name: _____
Last First Middle Initial

Address: _____
Number Street Apt. # City State Zip Code

Date of Birth: _____ Age: _____

Phone numbers: Cell ( ) _____ Home ( ) _____Work: ( )_____

Please √ ALL that apply as to how we may contact you

Call: Home__ Cell __ Text___ Work___ Mail (plain envelope) ___ Mail (return address)___

Mailing address if different from home address:_____

Leave message with: _____ Relationship: _____
(Full Name)

If you require confidential services so that nothing is mailed to your home address check here □

SINGLE □ **MARRIED** □ **LIVING TOGETHER** □ **DIVORCED** □ **SEPARATED** □ **WIDOWED** □

Race (Please select all that apply) □ Asian □ Black / African American □ American Indian / Alaska Native

□ White □ Native Hawaiian / Other Pacific Islander □ Unknown □ Decline

Ethnic Origin: Are you Hispanic or Latino? □ **Yes** □ **No** □ **Unknown** □ **Decline**

Education: Highest grade completed? _____

Language: First language spoken? _____ Language most comfortable speaking? _____

Do you need an interpreter? Yes ___ **No**____ What language for interpretation_____

Who should we contact in case of a medical emergency?

If you are under 18, please list your parent or guardian

An emergency would be severe bleeding, unconsciousness, accident, or a condition requiring ambulance transport or hospitalization. Family Planning services **DO NOT** require parental permission; however, in an emergency situation, if you are under 18 years of age, we will notify a parent or guardian. Please be advised, if you are under 18 years of age, that through our attempts to notify you of your results, a parent may become aware of your circumstances. Otherwise, no information about your care will be given to anyone without your knowledge and permission except as required by law.

Emergency Contact Name: _____ Phone Number: _____Relationship:_____

Signature of Client _____ **Date** _____

Signature of Witness _____ **Date** _____