



Name _____ Phone _____

Email _____ Text OK? Y / N (See disclaimer on back)

Address _____

Birthdate _____ Insurance _____

Doctor/Midwife _____ Estimated Due Date _____

Have you been told that your pregnancy is high risk? If yes, please explain: _____

How did you hear about us? _____

Did you have a pregnancy test here at PCC? Y / N Did you also have an ultrasound? Y / N

What are your greatest concerns regarding your health: pregnancy, mental health, medications, etc.?

What are your greatest concerns regarding life issues: relationships, safety, housing, finances, parenting skills, family dynamics, etc.?

How would you describe your support system?

Do you have a support person that will participate in the Pathways program with you? Y / N

If yes, Support Person Name _____ Phone _____

Relationship _____ Birthdate _____

Is there anything else you would like us to know about you, your situation, or your concerns/hopes for the future? _____

Efile# _____ Intake Date _____ Completed by _____

Planned Start Date(s) _____

Communication Notes: _____

Please Initial the Following:

_____ The confidentiality of every person in the group is essential to make our environment a place all can share freely if they so desire.

_____ Pregnancy Care Center staff and the guest presenters uphold HIPPA privacy practices (posted in the lobby and printed for you upon request).

_____ PCC may video record presentations for the purposes of quality control and participation review. While it is not the intention to record participants, I acknowledge the potential of being recorded and agree to it.

_____ PCC Classes are sponsored in part by community donors.

_____ The opinions shared by healthcare professionals in the Pathways groups/classes do not necessarily reflect the views of Pregnancy Care Center. It is the mission of the Pathways Program to empower parents with support and education. The goal of a collaborative approach is that parents become both informed and resourceful.

_____ All participants are invited to “shop” in the Baby Boutique. While PCC attempts to ensure that items being made available to clients do not contain any current recalls, are relatively clean, and are in good working order without any choking or other visual hazards, PCC does not guarantee this. I understand that I am able to accept items available through the Baby Boutique solely at my own discretion and risk and that I am responsible for ensuring any items I accept do not contain any current recalls, are in safe and good working order, and meet my own cleanliness standards.

_____ (OPTIONAL) I give PCC permission to take and use photos and quotes from my feedback in marketing an/or grants. Marketing and grants may include printed material, advertising, community presentations, online or in public tours of PCC .

My preferred method of contact with the Pathways Coordinator is ___phone ___ text ___email.

_____ If I choose to text the Pathways staff, I understand this may not be a HIPPA compliant form of communication. All forms of communication from PCC staff consisting of confidential or sensitive information will be communicated via other means (e.g. phone, email, etc.).

Signature _____ Date _____