Alamo Women's Clinic of Albuquerque
10151 Montgomery Blvd NE Bldg 3 Ste B
Albuquerque, NM 87111

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#: _____
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 amount before services are rendered. ONLY CASH, VISA, MASTERCARD, AND DISCOVER CARDS ACCEPTED.

AUTHORIZATION TO OBTAIN OR RELEASE INFORMATION:
I fully comprehend the privacy notice given to me by Alamo Women's Clinic of Albuquerque 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 FMLA documents. I authorize Alamo Women's Clinic of Albuquerque 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.

The nursing staff has reviewed with me, in the event I need to seek medical attention after I have left the facility, I will contact the on-call nurse and proceed to the hospital closest to my residence.

Patient Signature: _____ Date: _____