

# LARC Intake

Date: \_\_\_\_\_

Patient Name \_\_\_\_\_

MRN \_\_\_\_\_ Ethnicity: \_\_\_\_\_

DOB \_\_\_\_\_ G \_\_\_ P \_\_\_\_\_

Indication: \_\_\_\_\_

Prior Contraception Use: \_\_\_\_\_

Financial Status:  Self-pay       poverty level

Insurance does not cover device

Other \_\_\_\_\_

Attending: \_\_\_\_\_

Resident: \_\_\_\_\_ PGY \_\_\_\_\_

Device: \_\_\_\_\_ Lot # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Data Collection required for all insertions. Check all that apply.

Education	
Some High School	
High school / GED	
Associate degree	
Bachelor's degree	
Graduate degree	
Relationship Status	
Single	
Partner ( not married, not cohabiting)	
Cohabiting	
Married	
Other ( pleas describe)	
Employment Status	
Unemployed	
Working part-time	
Working full-time	