

Case Intake Form

Alpha Center

First Name:	Last Name:	MI:
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Address:

City:	State:	Zip/Postal:
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Home Phone: <input type="checkbox"/> Block caller ID	Work Phone: <input type="checkbox"/> Block caller ID	Cell Phone: <input type="checkbox"/> Block caller ID
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Pager:	Fax:	
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Email:

Is it OK for us to contact you? (Check 1 or more options)
 Email Mail No Phone Text
Signature required for staff to place follow up phone call: _____

Birth Date:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Age	Ethnicity: <input type="checkbox"/> African <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> East Indian <input type="checkbox"/> Haitian <input type="checkbox"/> Hispanic <input type="checkbox"/> Jewish <input type="checkbox"/> Middle East <input type="checkbox"/> Native American <input type="checkbox"/> Other
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Occupation/School:	Primary Language:
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Church:

1. How did you hear about us? (check one)

<input type="checkbox"/> Adoption Agency	<input type="checkbox"/> CSU / Rooster Magazine	<input type="checkbox"/> Front Range Community College	<input type="checkbox"/> Other Colleges	<input type="checkbox"/> School: Fort Collins HS
<input type="checkbox"/> Alpha / My Choice Fort Collins Web site	<input type="checkbox"/> CSU / Student Planner	<input type="checkbox"/> Heritage High School	<input type="checkbox"/> Physician	<input type="checkbox"/> School: Fossil Ridge HS
<input type="checkbox"/> Alpha Center Web site	<input type="checkbox"/> CSU Campus table	<input type="checkbox"/> Jr. High / Middle School	<input type="checkbox"/> Planned Parenthood	<input type="checkbox"/> School: Poudre HS
<input type="checkbox"/> Cheeks / Hair Dynamics / Regency	<input type="checkbox"/> CSU Coupon Book	<input type="checkbox"/> Larimer County Detention Center	<input type="checkbox"/> Poudre Valley Hospital	<input type="checkbox"/> School: Rocky Mt HS
<input type="checkbox"/> Church	<input type="checkbox"/> CSU Hartshorn Clinic	<input type="checkbox"/> Larimer County Health Dept	<input type="checkbox"/> Preg Resource Ctr referral	<input type="checkbox"/> Therapist
<input type="checkbox"/> Community Corrections	<input type="checkbox"/> Food bank	<input type="checkbox"/> Matthews House	<input type="checkbox"/> Probation officer	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Crossroads Safehouse	<input type="checkbox"/> Former Client	<input type="checkbox"/> NCAP	<input type="checkbox"/> Radio: KIIS	<input type="checkbox"/> Work Force
<input type="checkbox"/> CSU / Collegian	<input type="checkbox"/> Friend/Relative referral	<input type="checkbox"/> Option Line/CARE-Net	<input type="checkbox"/> Radio:WAY-FM	<input type="checkbox"/> Yellow Pages
<input type="checkbox"/> CSU / Greek Life				

2. What outside help are you receiving? (check all that apply)

<input type="checkbox"/> Boyfriend / Father of baby	<input type="checkbox"/> Friends	<input type="checkbox"/> Insurance	<input type="checkbox"/> Other	<input type="checkbox"/> TANIF
<input type="checkbox"/> Church	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Parents	<input type="checkbox"/> WIC
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Husband	<input type="checkbox"/> Mother of baby	<input type="checkbox"/> Pregnancy Resource Center	

3. What are your living arrangements? (check one)

<input type="checkbox"/> Alone	<input type="checkbox"/> Fiancé	<input type="checkbox"/> Friend	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Other	<input type="checkbox"/> Shelter
<input type="checkbox"/> Boyfriend	<input type="checkbox"/> Foster Parents	<input type="checkbox"/> Girlfriend	<input type="checkbox"/> Mother	<input type="checkbox"/> Parents	<input type="checkbox"/> Spouse
<input type="checkbox"/> Father	<input type="checkbox"/> CSU Dorm				

4. What is your parent's marital status? (check one)

<input type="checkbox"/> Divorced	<input type="checkbox"/> Engaged	<input type="checkbox"/> Living Together	<input type="checkbox"/> Married	<input type="checkbox"/> Never Married	<input type="checkbox"/> Remarried	<input type="checkbox"/> Separated	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed
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5. How old were you when you became sexually active?

6. Have you ever been diagnosed with an STD Yes No

7. Check all that apply

AIDS Chlamydia Crabs Genital Warts Gonorrhea Herpes HIV HPV Other Syphilis

8. Have you ever experienced abuse in your life? (check all that apply)

Mental/Verbal Physical Rape Sexual

Spiritual

9. What is your current relationship with God? Close Desire to be Better None Okay

10. Do you pray? Yes No

Demographics

12. Income Level

- Dependent
 Unemployed
 Welfare/SSI
 \$0-\$14,000
 \$15,000-\$29,000
 \$30,000-\$44,000
 \$45,000-\$59,000
 \$60,000+

13. Marital Status

- Divorced Remarried
 Engaged Separated
 Living Together Single
 Married Widowed
 Never Married

14. Religion

- Atheist Jehovah's Witness None
 Buddhist Jewish Other
 Christian Mormon Sikhism
 Christian (Catholic) Muslim / Islam WICCA
 Hindu Native American

15. Student Status

- Middle School or Jr. High
 High School
 College or University
 Not Student
 Trade School/Other

16. Education (highest level completed)

- Less than High School Graduated College
 High School or GED Graduate School
 Some Graduate School Trade School
 Some College

17. Zip/Postal Code:

Pregnancy History

18. Number of Prior Births

19. Number of Prior Abortions

20. Number of Prior Miscarriages

Children

First Name	Last Name	Date of Birth	Sex	Weight (lbs/Oz)	Child is deceased
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No

Visit Information

Have you ever been to the **Alpha Center** before? Yes No

If yes, when? _____ (mm/dd/yyyy) Under what name? _____ Same as Above

Date of Visit:

Type of Visit:

New Return

Case Number:
(Office Use Only)

What is the primary reason for this visit?

- Appointment Baby/Maternity Supplies Concepts Shared Group Class
 Individual Education Other Post-Abortion help Pregnancy Test
 Referrals to Outside Agencies STD Screening Ultrasound