



Women's Health For Life, Inc.

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Name (print): _____ Date: _____

How would you like to receive NORMAL lab/pap/x-ray results?

- E-Mail—E-Mail address: _____
- Mail
- Text—Cell phone Number: _____ - _____ - _____
Cell phone carrier: (Circle one)
 - ❖ AT & T _number@txt.att.com
 - ❖ Verizon _number@vtext.com
 - ❖ Alltel _number@message.alltel.com
 - ❖ T-Mobile _number@tmomail.com
 - ❖ Sprint _number@messaging.sprintpcs.com
 - ❖ Virgin _number@vmobl.com
 - ❖ Boost _numbr@myboostmobile.com

New guidelines from the American Medical Association in conjunction with the Center for Disease Control and the Federal Government require physician's office to ask the following information. Certain sub-populations of patients are at risk for certain diseases just because of Ethnicity.

Please complete the following questions:

Language Spoken Primary: _____ Secondary: _____

Race (check one please):

____ Indian ____ Asian ____ Hispanic ____ African American ____ Latino ____ White

Ethnicity: Hispanic or Latino _____
Non Hispanic or Non Latino _____