



Choices

Pregnancy Center

Choices Pregnancy Center is gathering updated information on medical services around our area in order to be better prepared to assist our clients. We would like to be able to make clear and efficient referrals when clients request services beyond what we provide, or when they are looking for support from others in our area.

Please help us by completing the information below, adding any other information that might be helpful.

Clinic Name _____

Name of MD/CNP/PA: _____

Your Nurse(s) _____

Address/Location _____ **Phone#** _____

_____ **Email** _____

_____ **Website** _____

Do you personally accept OB patients and if not, to whom would you refer them?

What is your practice focus/specialty?

Please note any other information that may be helpful for our clients to know: