ONE MORE SOUL MEDICAL PROFESSIONALS SURVEY

1. I **do not and will not** prescribe or refer for hormonal contraception. TRUE FALSE N/A
2. I do not and will not prescribe or refer for barrier forms of contraception. TRUE FALSE N/A
3. I do not and will not perform or refer for abortion. TRUE FALSE N/A
4. I do not and will not perform or refer for sterilization. TRUE FALSE N/A
5. I do not and will not perform or refer for in-vitro fertilization. TRUE FALSE N/A
6. I am familiar with Natural Family Planning. TRUE FALSE N/A
7. I am willing to encourage patients who use Natural Family Planning as their sole means of spacing children. TRUE FALSE N/A
8. I do promote sexual purity to my young and/or unmarried patients. TRUE FALSE N/A
9. I am familiar with ecological breastfeeding as a way of spacing children. TRUE FALSE N/A
10. I am qualified and willing to perform sterilization reversals for men. TRUE FALSE N/A
    " " " " " " for women. TRUE FALSE N/A
11. (if applicable) I am willing to reduce my fee for sterilization reversals as a ministry to those who desire to follow God's will in this area. TRUE FALSE N/A

Comments:_____

_____

_____

PLEASE PRINT

Name: _____

Office Address: _____

_____

City _____ State _____ Zip _____

Office Phone #: _____

Specialty: _____

Type of Practice: _____

Web Site: _____

E-mail: _____

Office Fax #: _____

QUESTIONS FOR NFP-ONLY MEDICAL PROFESSIONALS

Please check and fill in the blanks that apply.

❒ a. I have a general knowledge of NFP that is based on personal use (___*years*) and/or (___*years*) reading/study of the subject.

❒ b. I am certified as an NFP Instructor by _____.
Model;_____.

❒ c. I have been trained as an NFP/NPT* medical consultant by_____.

❒ d. I have used NFP/NPT* based medical procedures to treat approximately patients for infertility and other reproductive system disorders.

❒ e. I have conducted or currently conduct medical research on the development and application of NFP/NPT*.

* NFP/NPT = Natural Family Planning/Natural Procreative Technology

I, the undersigned, confirm that all the above information is correct and give One More Soul permission to publish this information in their *NFP-Only Medical Professionals Directory* and at www.OMSoul.com.

_____ _____
Signature Date

May we list your Web Site in print and at www.OMSoul.com (___yes, ___ no)?
May we list your E-mail address in print and at www.OMSoul.com (___yes, ___no)?
Please note that we will list you in the *NFP-Only Medical Professionals Directory* unless your signature gives us permission to do so.

70919

Thank you for your help!
Please return to:
One More Soul
1846 North Main Street
Dayton, OH 45405
(800)307-7685 **(937)275-3902 fax**
E-mail: OMSoul@OMSoul.com
Directory: www.OMSoul.com