

# 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 will encourage patients to use Natural Family Planning as<br>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 will promote breastfeeding for healthy moms, babes, and child spacing.   | TRUE FALSE N/A                   |
| 10. I am qualified and willing to perform sterilization reversals for men.<br>" " " " " " " " for women.  | TRUE FALSE N/A<br>TRUE FALSE N/A |
| 11. (if applicable) I am willing to reduce my fee for sterilization reversals<br>as a ministry to those who desire to follow God's will in this area. | TRUE FALSE N/A                   |

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 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

**When this information changes, PLEASE tell Julia@OMSoul.com**

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](http://www.OMSoul.com).

\_\_\_\_\_  
Signature Date

May we list your Web Site in print and at [www.OMSoul.com](http://www.OMSoul.com) (\_\_\_yes, \_\_\_no)?  
 May we list your E-mail address in print and at [www.OMSoul.com](http://www.OMSoul.com) (\_\_\_yes, \_\_\_no)?

**Please note that we will only list you in the *NFP-Only Medical Professionals Directory* if by your signature you give us permission to do so.**

PLEASE PRINT LEGIBLY

**Name:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_

**Office Name:** \_\_\_\_\_ **Type of Practice:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Web Site:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Office Phone #:** \_\_\_\_\_ **Office Fax #:** \_\_\_\_\_

**Thank you for your help!**

Please return to:

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