

Client Demographic Sheet

Complete this sheet and return to the front desk



Full Legal Name			
Date of Birth		SSN	
Address		Phone Number	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other

Gender Identification	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Questioning <input type="checkbox"/> Intersex	<input type="checkbox"/> Transgender (F) <input type="checkbox"/> Transgender (M)	<input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer
Sexual Identification	<input type="checkbox"/> Straight <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning	<input type="checkbox"/> Lesbian <input type="checkbox"/> Transgender <input type="checkbox"/> Intersex	<input type="checkbox"/> Gay <input type="checkbox"/> Queer	<input type="checkbox"/> Asexual <input type="checkbox"/> Prefer not to answer
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Separated	<input type="checkbox"/> Divorced <input type="checkbox"/> Life-Partner	<input type="checkbox"/> Prefer not to answer
Employment Status	<input type="checkbox"/> Disabled <input type="checkbox"/> Homemaker <input type="checkbox"/> Student (PT)	<input type="checkbox"/> Employed (FT) <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed	<input type="checkbox"/> Employed (PT) <input type="checkbox"/> Student (FT)	<input type="checkbox"/> Prefer not to answer
Race	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic	<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Multi-racial <input type="checkbox"/> Prefer not to answer

Have you served in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use tobacco?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list an emergency contact. You will sign a release of information with the counselor during your intake.

Name	
Address	
Phone Number	
Relation	