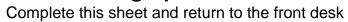
Client Demographic Sheet





Full Legal Name						
Date of Birth				SSN		
Address				Phone Number	□ Cell	☐ Home ☐ Other
Gender Identification	☐ Female ☐ Male	☐ Questioning ☐ Intersex	□ Transgender (F)□ Transgender (M)		` '	□ Other□ Prefer not to answer
Sexual Identification	☐ Straight ☐ Bisexual ☐ Questioning	☐ Lesbian☐ Transgender☐ Intersex		Gay Queer		☐ Asexual ☐ Prefer not to answer
Marital Status	☐ Married☐ Widowed	☐ Single ☐ Separated		□ Divorced□ Life-Partner		☐ Prefer not to answer
Employment Status	☐ Disabled☐ Homemaker☐ Student (PT)	☐ Employed (FT)☐ Retired☐ Unemployed		☐ Employed☐ Student (F	,	☐ Prefer not to answer
Race	☐ Asian ☐ American Indian/Alaska Native	☐ Black/AfricanAmerican☐ Hispanic	☐ Native Hawaiian/Pacific Islander☐ White/Caucasian			☐ Multi-racial☐ Prefer not to answer
Have you served in the military?			□ Yes □ No			
Do you use tobacco?			□ Yes □ No			
Please list an emergency contact. You will sign a release of information with the counselor during your intake.						
Name						
Address						
Phone Number						
Relation						