

Intake Demographic Sheet

Completed by the client at intake; scan entire packet including the Admission Pre-Screening pages and any state-specific addendums into client's Methasoft record titled "Prescreen and Demographic"



Intake Demographic Information	
SSN	
Address	
Client Identifiers	Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Gender Identification	<input type="checkbox"/> Female <input type="checkbox"/> Questioning <input type="checkbox"/> Transgender (F) <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Transgender (M) <input type="checkbox"/> Other _____ <input type="checkbox"/> Non-Binary
Race	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Prefer not to answer
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Life-Partner
Employment Status	<input type="checkbox"/> Employed (PT) <input type="checkbox"/> Student (PT) <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Employed (FT) <input type="checkbox"/> Student (FT) <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed
Sexual Identification	<input type="checkbox"/> Straight <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Bisexual <input type="checkbox"/> Transgender <input type="checkbox"/> Queer <input type="checkbox"/> Other _____ <input type="checkbox"/> Questioning <input type="checkbox"/> Intersex <input type="checkbox"/> Asexual
Military Service	Have you served in the military? <input type="checkbox"/> Yes ► Branch _____ <input type="checkbox"/> No
Tobacco Use	Do you use tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No
Income	What is your current income? \$ _____ <input type="checkbox"/> Decline to answer <i>(only required for Alaska clinics)</i>

Emergency Contact Information

Note: This will only be used in an emergency. You will be asked to sign a release of information with your counselor during intake to disclose information to your emergency contact listed below.

Name			
Address			
Phone Number		Relation	

Client Signature/Date	
------------------------------	--