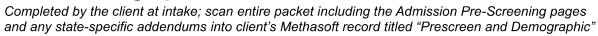
CMS Client ID:	Client Insurance ID:

Intake Demographic Sheet





Intake Demographic Information							
SSN							
Address							
Client Identifiers	Height:	Weight:	Eye Color:	I	Hair Color:		
Gender Identification	☐ Female☐ Male☐ Non-Binary	☐ Questioning ☐ Intersex		gender (F) gender (M)	☐ Prefer not to answer☐ Other		
Race	□ Asian □ American Indian/ Alaska Native	□ Black/African American □ Hispanic	Pacific	e Hawaiian/ c Islander /Caucasian	☐ Multi-Racial☐ Prefer not to answer		
Marital Status	☐ Married☐ Widowed	□ Single □ Separated	□ Divord		☐ Prefer not to answer		
Employment Status	☐ Employed (PT) ☐ Employed (FT)	☐ Student (PT)☐ Student (FT)		led maker	□ Retired□ Unemployed		
Sexual Identification	☐ Straight☐ Bisexual☐ Questioning	□ Lesbian□ Transgender□ Intersex	,		☐ Prefer not to answer☐ Other		
Military Service	Have you served in the military?			☐ Yes ▶ Branch			
Tobacco Use	Do you use tobacco?			☐ Yes ☐ No			
Income	What is your current income?			\$ □ Decline to answer (only required for Alaska clinics)			
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			ъ.	1-4!			
Phone Number			Re	lation			
Client Signature/Date							