

# Client Demographic Sheet



Complete this sheet and return to the front desk

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

<b>Gender Identification</b>	<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
<b>Sexual Identification</b>	<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
<b>Marital Status</b>	<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
<b>Employment Status</b>	<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
<b>Race</b>	<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

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

<b>Name</b>	
<b>Address</b>	
<b>Phone Number</b>	
<b>Relation</b>	