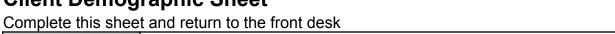
Client Demographic Sheet



Full Legal Name							
Date of Birth				SSN			
Address				Phone Number	□ Cel	I □ Home □ Other	
Gender Identification	□ Female □ Male	☐ Questioning☐ Intersex		ransgender ransgender	•	☐ Other ☐ Prefer not to answer	
Sexual Identification	☐ Straight ☐ Bisexual ☐ Questioning	□ Lesbian□ Transgender□ Intersex	□ G	Gay Queer		☐ Asexual ☐ Prefer not to answer	
Marital Status	☐ Married ☐ Widowed	☐ Single☐ Separated		Divorced ife-Partner		☐ Prefer not to answer	
Employment Status	□ Disabled□ Homemaker□ Student (PT)	☐ Employed (FT)☐ Retired☐ Unemployed		Employed (F Student (FT	-	☐ 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?			□ Y	′es □ 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							