



Client Demographic Form

OFFICE USE ONLY

Account No. _____

Staff Code _____

Situation _____

Program Code _____

PERSONAL INFORMATION: Date: _____

Name on Insurance: _____

First Name MI Last Name

Preferred Name: _____

Address: _____

City _____ State _____ Zip Code _____

Email address _____

Home Telephone: () _____ Work Telephone: () _____

Employer: _____ Occupation: _____ Marital Status _____

SS# _____ Date of Birth: / / Age: _____ Sex on insurance: M F Pronouns: _____

Emergency Contact Person: _____ Emergency Telephone: _____

FAMILY INFORMATION:

***Refer to legend below for codes. We would appreciate your providing the following information as it is helpful in understanding the people we serve. You have the option of declining.**

Total Number in Household: _____

Household Members Names (include self)	Relationship	Date of Birth	*Racial/Ethnic	*Religion	*Yrs of Education	*Employment	*Primary Language	*Disability
	SELF							

<u>Racial/Ethnic</u>	<u>Religion</u>	<u>Education</u>	<u>Employment</u>	<u>Primary Language</u>	<u>Disability</u>
White - W	Protestant - P	0 - 12 yrs - PS	Full-time - FT	English - E	Unimpaired - U
Black - B	Catholic - C	13 - 16 yrs - SC	Part-time - PT	Spanish - S	Blind - B
Asian - A	Jewish - J	17 - + yrs - GS	Unemployed - UE	French - F	Deaf - D
Am Indian - N	Other - O		Not in labor force - NLF	Creole - C	Learning - L
Latino - L	No pref. - N			Other - O	Physical - P
Haitian - H					Emotional - M
Other - O					Other - O

PLEASE GIVE YOUR INSURANCE CARD(S) TO YOUR THERAPIST TO MAKE A COPY.