

CLIENT DEMOGRAPHIC FORM

Date: _____

Last Name: _____ Suffix: _____ First Name: _____ Middle Name: _____

Gender: ___ Male ___ Female ___ Other Date of Birth: _____ SSN: _____

Alias (Name you would like to be called): _____

Reason for your visit today?

Address: _____
Mailing Address City State Zipcode

Home Phone: _____ Cell Phone: _____ Work Phone : _____

Email: _____ Highest Level of Education: _____

Race: ___ Alaskan Native ___ American Indian ___ Asian/Pacific Islander ___ Bi-racial
___ Black/African American ___ Hispanic ___ White/Caucasian

Ethnic Origin: ___ Cuban ___ Puerto Rican ___ Mexican ___ Other Descent ___ Not of hispanic descent

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Domestic Partners ___ Widowed

Employment Status: ___ Unemployed ___ Employed F/T ___ Employed P/T Occupation : _____
___ Retired ___ Military ___ Student Employer: _____

Living Arrangement: ___ Private Residence ___ Nursing Home ___ Group Home Number of Arrests: _____
___ Adult Home Care ___ Institution ___ Homeless

Number Living in Household (including self) : _____ Annual Income: _____

Emergency Contact: _____
NAME PHONE

Guardian or Next of Kin: _____
NAME RELATIONSHIP

Mothers Name: _____ Father's Name: _____

How did you hear about us? _____ Contact #: _____

Frequency of Attendance of Self Help Groups (For example, AA/NA/etc) in past 30 days? _____

Insurance (If Client is a Child, Use Parent's Information)

