

Client Demographic Questionnaire

Prefix _____ First Name _____ Middle Initial _____ Last Name _____ Suffix _____

Email _____ SSN _____

Home phone _____ Other phone _____

Street Address _____

PO Box or Mailing Address if different than above _____

City _____ State _____ Zip _____

Have you ever received treatment from Northeastern Center before? Y N If yes, when _____

List other names used (maiden name, alias, nickname, preferred name) _____

Date of birth _____ Gender at birth: Male Female Pronoun: He She They

Gender Identity: Male Female Female-to-Male Male-to-Female Not sure/questioning Non-binary

Genderqueer/Neither exclusively Male nor Female Prefer not to answer

Prefer to self-describe Other: _____

Sexual Orientation: Lesbian/Gay/Homosexual Straight/Heterosexual Bisexual Don't know Other

Ethnicity:

- Cuban
- Latino, Unknown Origin
- Mexican
- Not Hispanic or Latino
- Other Hispanic or Latino
- Puerto Rican
- Unknown Ethnicity

Race:

- American Indian and Alaskan Native
- Asian
- Black/African American
- Native American or Other Pacific
- Other Single Race
- Unknown
- White/Caucasian

Primary Care Physician Name and Address:

Who referred you for services? _____

Annual Household Income: _____ Number of Dependents: _____ Number in Household: _____

Source of Income:

- Wages/Salary
- Public Assistance
- Disability
- None
- Unknown

Living Arrangements:

- On the Street or Homeless Shelter
- Private Residence, Independent
- Private Residence, Dependent
- Jail or Correctional Facility
- Institutional Setting
- 24-hour Residential Care
- Adult or Child

County of Residence: _____ County of Financial Responsibility: _____

Educational Status:

- Current: Regular Education
- Current: Special Education
- Alt Education (HS Degree)
- Continuing Education
- Vocational Training
- Not Currently Enrolled

Military Status: Yes No

Veteran Status: Yes No

Employment Status:

- Employed Full-Time
- Employed Part-Time
- Unemployed – Seeking work
- Unemployed – Not Seeking work
- Supported/Transitional Employment
- Homemaker
- Student
- Retired
- Disabled Not in Workforce
- Ages 0-5
- Other Not in Workforce
- Unknown

Criminal Justice Involvement:

- Probation
- Dept. of Youth Services Commitment
- Dept. of Corrections
- Jail
- Parole
- Not involved

Employer Information: _____

Primary/Preferred Language:

- Arabic
- Dutch
- English
- Spanish
- Other: _____

Hispanic Origin:

- Puerto Rican
- Mexican
- Cuban
- Other Hispanic
- Unknown

Please list any transportation or special needs accommodations needed:

Emergency Contact name _____ **Relationship** _____

Emergency Contact Address _____

Emergency Contact Phone _____

Insurance Company _____ **Member ID** _____

Insured SSN _____ **Insured Date of Birth** _____ **Group Number** _____

Person to be billed name and address if different than above
