Client Demographic Questionnaire

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

Email _____ **SSN** _____ **Date of Birth** _____

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? ☐ Yes ☐ No **If yes, when** _____

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

Gender at birth:
- Female ☐
- Male ☐
- Other ☐

Pronoun:
- ☐ She/Her
- ☐ He/Him
- ☐ They/Them
- ☐ Other

Gender Identity:
- ☐ Female
- ☐ Male
- ☐ Female to Male transition
- ☐ Male to Female transition
- ☐ Not sure/questioning
- ☐ Non-binary
- ☐ Genderqueer/Neither exclusively Male or Female
- ☐ Prefer not to answer
- ☐ Other: _____

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

Marital Status:
- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ WIdowed

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

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

Religion:
- ☐ Amish
- ☐ Baptist
- ☐ Buddist
- ☐ Catholic
- ☐ Evangelical
- ☐ Hindu
- ☐ Jehovah Witness
- ☐ Jewish
- ☐ Lutheran
- ☐ Mennonite
- ☐ Methodist
- ☐ Morman
- ☐ Muslim
- ☐ Non Denominational
- ☐ None
- ☐ Orthodox
- ☐ Presbyterian
- ☐ Protestant
- ☐ WIccan
- ☐ Other: _____

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

Currently Pregnant:
- ☐ Yes
- ☐ No
- ☐ N/A

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

Highest Grade Level Completed:
- ☐ Elementary School
- ☐ JR High/Middle School
- ☐ High School
- ☐ Some college
- ☐ Technical/Trade School
- ☐ 2-year college
- ☐ 4-year college
- ☐ Graduate Degree or higher

Last grade level completed: _____

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

Smoking Status:
- ☐ Never
- ☐ Former
- ☐ Current - Packs per day _____

Employer Information: _____

Primary/Preferred Language:
- ☐ Arabic
- ☐ Dutch
- ☐ English
- ☐ Spanish
- ☐ Other: _____

Hispanic Origin:
- ☐ Puerto Rican
- ☐ Mexican
- ☐ Cuban
- ☐ Other Hispanic
- ☐ Unknown

Ability to Read/Write:
- ☐ Both
- ☐ Read only
- ☐ Write only
- ☐ Limited both
- ☐ Limited read
- ☐ Limited write

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

_____

_____