Concord Counseling Services

DEMOGRAPHIC INFORMATION

Legal Name:

Today's Date:

Preferred Name (if different than above)

Social Security Number:

Address

City

State

Zip

County of Legal Residence

Home Phone

Work Phone

Mobile Phone

May we contact you at any of the numbers listed above?
☐ **Yes** ☐ **No**

If No, how may we contact you?

Emergency Contact

Relationship

Emergency Phone Number(s)

Gender
☐ Male ☐ Female ☐ Transgender Male ☐ Transgender Female

Age

Date of Birth

Race (check all that apply)
☐ W – White ☐ N – Native Am. ☐ P – Native Hawaiian/Other Pacific Islander ☐ Multiple Race ☐ Unknown
☐ B – Black/African Am. ☐ A – Asian ☐ M – Alaskan Native ☐ Other:_______________________________

Ethnicity
☐ A – Puerto Rican ☐ B – Mexican ☐ C – Cuban ☐ D – Other Hispanic ☐ E – Not Hispanic or Latino ☐ F – Somali

Marital Status
☐ Married ☐ Single ☐ Divorced ☐ Widow ☐ Separated ☐ Common Law ☐ Other:___________________

Smoking Status
☐ Current every day smoker ☐ Current some day smoker ☐ Smoker, current status unknown ☐ Former smoker
☐ Never smoker ☐ Unknown if ever smoked ☐ Heavy tobacco user ☐ Light tobacco user

Does you have a guardian? ☐ No ☐ Yes – please complete below and provide copy of guardianship papers

Guardian Name (include address, if available)

Guardian Phone Number

Primary Language

Do you need the assistance of an interpreter?
☐ No ☐ Yes ☐ American Sign Language
☐ Language Interpreter (specify)_____________________________

Do you need assistance with visualization of material or alternate format?
☐ No ☐ Yes

Do you have an Advance Directive for Mental Health Treatment?
☐ Yes - please a copy of the directive
☐ No – if you would like information please talk with the Intake Coordinator or your Clinician

Reason for your visit

Referral Source