

## Concord Counseling Services

### DEMOGRAPHIC INFORMATION

<b>Legal Name:</b>		<b>Today's Date:</b>	
<b>Chosen Name (if different than above)</b>		<b>Social Security Number:</b>	
<b>Address</b>		<b>City</b>	<b>State</b>
<b>County of Legal Residence</b>		<b>Zip</b>	
<b>Home Phone</b>		<b>Work Phone</b>	<b>Mobile Phone</b>
<b>May we contact you at any of the numbers listed above?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If No, how may we contact you?</b>	
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female		<b>Age</b>	<b>Date of Birth</b>
<b>Race</b> (check all that apply) <input type="checkbox"/> W – White <input type="checkbox"/> N – Native Am. <input type="checkbox"/> P – Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Multiple Race <input type="checkbox"/> Unknown <input type="checkbox"/> B – Black/African Am. <input type="checkbox"/> A – Asian <input type="checkbox"/> M – Alaskan Native <input type="checkbox"/> Other: _____			
<b>Ethnicity</b> <input type="checkbox"/> A – Puerto Rican <input type="checkbox"/> B – Mexican <input type="checkbox"/> C – Cuban <input type="checkbox"/> D – Other Hispanic <input type="checkbox"/> E – Not Hispanic or Latino <input type="checkbox"/> F – Somali			
<b>Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated <input type="checkbox"/> Common Law <input type="checkbox"/> Other: _____			
<b>Smoking Status</b> <input type="checkbox"/> Current every day smoker <input type="checkbox"/> Current some day smoker <input type="checkbox"/> Smoker, current status unknown <input type="checkbox"/> Former smoker <input type="checkbox"/> Never smoker <input type="checkbox"/> Unknown if ever smoked <input type="checkbox"/> Heavy tobacco user <input type="checkbox"/> Light tobacco user			
<b>Primary Language</b>		<b>Do you need the assistance of an interpreter?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> American Sign Language <input type="checkbox"/> Language Interpreter (specify) _____	
<b>Do you need assistance with visualization of material or alternate format?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Do you have an Advance Directive for Mental Health Treatment?</b> <input type="checkbox"/> Yes – please provide copy of the directive <input type="checkbox"/> No – if you would like information about an Advance Directive please talk with the Intake Coordinator or your Clinician			
<b>Do you have a guardian?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes – please complete below and provide copy of guardianship papers			
<b>Guardian Name (include address, if available)</b>			<b>Guardian Phone Number</b>
<b>Emergency Contact</b>		<b>Relationship</b>	<b>Phone Number:</b>
			<b>Address:</b>
<b>Reason for your visit</b>		<b>Referral Source</b>	