

**San Diego County Mental Health Services
Demographic Form**

Client Name:

Case #:

Program Name:

Effective Date:

Admission Status: Pre-Registered Registered Admit

CLIENT IDENTIFYING INFORMATION:

*Birth Date:		
Last Name:	First Name:	
Middle Name:	Suffix:	
Birth Name (if different from above):		
Last Name:	First Name:	
Middle Name:	Suffix:	
Physical Address:		
Street Address:		
City/State/Zip:	County:	
Home Phone:	*OK to call home?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Phone:	Ext:	Cell Phone:
Mailing Address:		
Street Address:		
City/State/Zip:	County:	
Social Security #: <input type="checkbox"/> Declines or <input type="checkbox"/> Unable to provide Social Security #		
*Gender: <input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> O-Other <input type="checkbox"/> U-Unknown	*Currently Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
*Birth Date: <input type="checkbox"/> Actual <input type="checkbox"/> Estimated		
Born in US: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Country where born: _____		
Born in California: <input type="checkbox"/> Yes If Yes, County where born: _____ <input type="checkbox"/> No If No, State where born: _____		
Client Marital Status (Select one only):		
<input type="checkbox"/> 1-Never Married <input type="checkbox"/> 2-Married <input type="checkbox"/> 4-Divorced <input type="checkbox"/> 7-Domestic Partner <input type="checkbox"/> 5-Separated <input type="checkbox"/> 3-Widowed <input type="checkbox"/> 6-Unknown		
Ethnicity (select one only):		
<input type="checkbox"/> 1-Not Hispanic <input type="checkbox"/> 2-Hispanic – Mexican American/Chicano <input type="checkbox"/> 3-Hispanic – Cuban <input type="checkbox"/> 4-Hispanic – Puerto Rican <input type="checkbox"/> 6-Hispanic – Dominican <input type="checkbox"/> 7-Hispanic – Salvadoran <input type="checkbox"/> 5-Hispanic – Other/Latino <input type="checkbox"/> 9-Unknown/Not Reported		
Race Rank 1 to 5 as needed with 1 being primary:		
A-White/Caucasian	J-Japanese	S-Samoan
B-Black/African American	K-Korean	T-Sudanese
C-Cambodian	L-Laotian	U-Chaldean
D-Chinese	M-Mien	V-Vietnamese
E-Eskimo/Alaskan Native	N-Native American	W-Ethiopian
F-Filipino	O-Other Non-White/ Non-Caucasian	X-Somali
G-Guamanian	P-Other Pacific Islander	Y-Iranian
H-Hawaiian Native	Q-Hmong	Z-Iraqi
I-Asian Indian	R-Other Asian	9-Unknown/Not Reported
Language (Complete both client languages. If there is a caretaker, complete caretaker language)		
Client Primary:	Client Preferred:	Caretaker Preferred:

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Interpreter Needed? Yes No (If either preferred language is other than English, an interpreter is needed)

Employment Status (Check only one value. Starting with "A" check the first one that applies to client):

- | | | |
|--|---|--|
| <input type="checkbox"/> A-Comp Job 35+ hrs per week | <input type="checkbox"/> G-Full Time Job Training | <input type="checkbox"/> M-Retired |
| <input type="checkbox"/> B-Comp Job 20-34 hrs per week | <input type="checkbox"/> H-Part time Job Training | <input type="checkbox"/> N-Unemployed/Seeking Work |
| <input type="checkbox"/> C-Comp Job < 20 hrs per wk | <input type="checkbox"/> I-Full Time Student | <input type="checkbox"/> O-Unemployed/Not Seeking Work |
| <input type="checkbox"/> D-Rehab 35+ hrs per wk | <input type="checkbox"/> J-Part Time Student | <input type="checkbox"/> P-Not in the Labor Force |
| <input type="checkbox"/> E-Rehab 20-34 hrs per wk | <input type="checkbox"/> K-Volunteer | <input type="checkbox"/> Q-Resident/Inmate |
| <input type="checkbox"/> F-Rehab < 20 hrs per wk | <input type="checkbox"/> L-Homemaker | <input type="checkbox"/> U-Unknown |

Living Arrangement (Check only one value from the list below):

- | | | |
|---|--|---|
| <input type="checkbox"/> A-House or Apartment | <input type="checkbox"/> I-MH Rehab Ctr (Adult Locked) | <input type="checkbox"/> S-Group Home-Child (Level 1-12) |
| <input type="checkbox"/> B-House or Apt with Support | <input type="checkbox"/> J-SNF/ICF/IMD | <input type="checkbox"/> T-Residential Tx Ctr-Child (Level 13-14) |
| <input type="checkbox"/> C-House or Apt with Daily Supervision
Independent Living Facility | <input type="checkbox"/> K-Inpatient Psych Hospital | <input type="checkbox"/> U-Unknown |
| <input type="checkbox"/> D-Other Supported Housing Program | <input type="checkbox"/> L-State Hospital | <input type="checkbox"/> V-Comm Tx Facility (Child Locked) |
| <input type="checkbox"/> E-Board & Care – Adult | <input type="checkbox"/> M-Correctional Facility | <input type="checkbox"/> W- Children's Shelter |
| <input type="checkbox"/> F-Residential Tx/Crisis Ctr – Adult | <input type="checkbox"/> O-Other | <input type="checkbox"/> XX-Homeless/In Shelter |
| <input type="checkbox"/> G-Substance Abuse Residential Rehab
Ctr | <input type="checkbox"/> R-Foster Home-Child | <input type="checkbox"/> YY-Homeless/Out of Shelter |
| | | <input type="checkbox"/> ZZ-Homeless/Living w Other(s) |

Number of children less than 18 years of age that the client cares for at least 50% of the time:

Number of adults 18 years or older that the client cares for at least 50% of the time:

Education (last grade or years completed):	Religion:
*Does the client have Regional Center involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refuse/Cannot Access	
*Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline <input type="checkbox"/> Unable to Answer	Branch:
If 18, has client been offered the National Voter's Registration form? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
Mother's First Name:	

ALIAS(ES) (List other names you have used. A first & last name must be included for each alias)

Last Name:	First Name:	Middle Initial:

LEGAL INFORMATION/LEGAL CONSENT (check only one box in the lists below):

Self Consent <i>Legal Rep Information not required</i> <input type="checkbox"/> A-Adult / Self Consent <input type="checkbox"/> E-Minor / Self Consent <input type="checkbox"/> D-Emancipated Minor	Conservator <input type="checkbox"/> I-Temporary <input type="checkbox"/> J-Permanent <input type="checkbox"/> K-Murphy <input type="checkbox"/> L-Probate	Minor <input type="checkbox"/> B-Parental Consent <input type="checkbox"/> C-Guardian/Caregiver	Juvenile Court <input type="checkbox"/> F-Dependent <input type="checkbox"/> G-Ward Status Offender <input type="checkbox"/> H-Ward Juvenile Offender
Legal Representative:		Relationship:	
Address:		Phone:	
City/State/Zip:			
Employment Phone:		Other Information:	

PARENTAL & SCHOOL INFORMATION

Is client under 18: Yes (School & Parental Information required) No (Parental information is optional)

Parent Name:	Relationship:
Address:	Phone:

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City/State/Zip:	
Employment Phone:	Other Information:
School Attending:	
School District of Residence:	

JUVENILE FORENSICS

REJIS #:

EMERGENCY NOTIFICATION INFORMATION

Name:	Relationship:
Address:	Home Phone:
City/State/Zip:	Work Phone:
Other Information:	

CONTACTS

Name (Last, First MI)	Agency/Title/Relationship	Phone

Staff Completing/Accepting the Assessment:

Signature

Printed Name

Cerner ID

Date

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