

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

**Client Name:**

**Case #:**

**Program Name:**

**Effective Date:**

**Admission Status:**  Pre-Registered  Registered  Admit

**CLIENT IDENTIFYING INFORMATION:**

<b>Client Name:</b>		
Last Name:	First Name:	
Middle Name:	Suffix:	
<b>Birth Name (if different from above):</b>		
Last Name:	First Name:	
Middle Name:	Suffix:	
<b>Physical Address:</b>		
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:
<b>Mailing Address:</b>		
Street Address:		
City/State/Zip:		County:
<b>Social Security #:</b> * <input type="checkbox"/> Declines or <input type="checkbox"/> Unable to provide Social Security #		
<b>*Gender:</b> <input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> O-Other <input type="checkbox"/> U-Unknown <b>*Birth Date:</b> <input type="checkbox"/> Actual <input type="checkbox"/> Estimated		
<b>Born in US:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Country where born: _____		
<b>Born in California:</b> <input type="checkbox"/> Yes If Yes, County where born: _____ <input type="checkbox"/> No If No, State where born: _____		
<b>Client Marital Status (Select one only):</b>		
<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		
<b>Ethnicity (select one only):</b>		
<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		
<b>Race</b> 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
<b>Language (Complete both client languages. If there is a caretaker, complete caretaker language)</b>		
Client Primary:	Client Preferred:	Caretaker Preferred:
Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If either preferred language is other than English, an interpreter is needed)		

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Health and Human Services Agency  
Mental Health Services  
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**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<br>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<br>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)            |

**\*Currently Pregnant?**  Yes  No  Unknown

**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?**  Yes  No  Refuse/Cannot Access

**\*Military Service:**  Yes  No  Decline  Unable to Answer **Branch:**

**If 18, has client been offered the National Voter’s Registration form?**  Yes  No  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):

<b>Self Consent</b> <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	<b>Conservator</b> <input type="checkbox"/> I-Temporary <input type="checkbox"/> J-Permanent <input type="checkbox"/> K-Murphy <input type="checkbox"/> L-Probate	<b>Minor</b> <input type="checkbox"/> B-Parental Consent <input type="checkbox"/> C-Guardian/Caregiver	<b>Juvenile Court</b> <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 #:
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**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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