

DEMOGRAPHIC FORM



Date of Completion:

Complete and submit to Optum for every new client and when information changes.

Client Information

First Name at Birth:

Last Name at Birth:

Middle Name at Birth:

Suffix at Birth: JR SR II III
 IV V VI

Mother's First Name:

Place of Birth – Country:

Place of Birth – State:

Place of Birth – County:

Primary Language:

Preferred Language:

Race(s):

<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Hmong	<input type="checkbox"/> Other
<input type="checkbox"/> American Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Laotian	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Mien	<input type="checkbox"/> Samoan
<input type="checkbox"/> Chinese	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Unknown
<input type="checkbox"/> Filipino	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Guamanian	<input type="checkbox"/> Not Asked	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Hawaiian		

Current First Name: Same as First Name at Birth

Current Last Name: Same as Last Name at Birth

Current Middle Name: Same as Middle Name at Birth

Current Suffix: JR SR II III IV V VI Same as Suffix at Birth

Social Security Number:

Receiving any of the following Special Population Services?

- | | |
|---|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Governors Homeless Initiative service(s) |
| <input type="checkbox"/> Assisted Outpatient Treatment service(s) | <input type="checkbox"/> Welfare-to-Work plan specified service(s) |
| <input type="checkbox"/> IEP required service(s) | |

Check here if Client is being Discharged from an acute 24-hour Mental Health Service

- Legal Class at Admission (Voluntary, 72-Hour Hold, Conservatorship, etc.):
- **Patient Status Code** Discharged Home Discharged to a Facility:
 Unknown/Not reported

Highest Completed Education Level:

Not Currently Enrolled

Conservatorship/Court Status:

<input type="checkbox"/> Temporary Conservatorship	<input type="checkbox"/> Juvenile Court, Dependent of the Court
<input type="checkbox"/> Lanterman-Petris-Short	<input type="checkbox"/> Juvenile Court, Ward – Status Offender
<input type="checkbox"/> Murphy	<input type="checkbox"/> Juvenile Court, Ward – Juvenile Offender
<input type="checkbox"/> Probate	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> PC 2974	<input type="checkbox"/> Unknown/Not Reported
<input type="checkbox"/> Representative Payee Without Conservatorship	

of Persons *under* the age of 18 the client is responsible for more than 50% of the time:

of Persons *over* the age of 17 the client is responsible for more than 50% of the time:

Additional Client Information

Phone Number:

<input type="checkbox"/> Mobile:	<input type="checkbox"/> <i>Do Not Call</i>
<input type="checkbox"/> Business:	<input type="checkbox"/> <i>Do Not Leave Message</i>
<input type="checkbox"/> Home:	

Address:

Physical

Mailing

List any Aliases:

Marital Status: Divorced Domestic Partnership Married Never Married Separated

Unknown Widowed

Sex: Male Female Not Listed

Gender Identity: Non-Binary Male Transgender Female

Female-to-Male (FTM)/Transgender Male/Trans Man

Male-to-Female (MTF)/Transgender Female/Trans Woman

Genderqueer, neither exclusively male nor female

Unsure/Questioning Prefer not to answer Other Unknown/Not Asked

Sexual Orientation: Heterosexual / Straight Lesbian (female) Bisexual

Gay (male) Unsure/Questioning Declined to state

Prefer not to answer Transgender Unknown/Not Asked

Military Status: Yes No

Veteran Status: Yes No