



Demographic Information Form

INDIVIDUAL DEMOGRAPHIC *required fields Twin

Legal Name *First: _____ Middle: _____ *Last: _____

Preferred (Lived) Name: _____ Pronouns: _____ *DOB: _____

*Legal Sex: _____ Sex Assigned at Birth: _____ Gender Identity: _____

Marital Status: Never Married Married Separated Divorced Widowed Unknown

Guardian/Parent Name(s): _____

Ethnicity (for Reporting): _____ Not of Hispanic Unknown

Race (for Reporting): Alaska Native American Indian Asian Black or African American

Native Hawaiian or Other Pacific Islander Other Single Race Two or More Unspecified Races

SSN: _____ Salesforce #: _____ Medicare #: _____

Do you have Health Insurance: No OHP Can we bill your insurance? Yes No

Private Insurance Name: _____ Medicaid/OHP/Prime #: _____

Residential Address →

*Address Line: _____

*City: _____ *State: _____ *Zip Code: _____ County: _____

Mailing Address (if different from above): _____

Primary #: _____ Type (Primary #): Home Mobile Other

Voice Messages: Detailed Message Call Back Only No Messages

Secondary #: _____ Type (Secondary #): Home Mobile Other

Contact Email: _____ Allows Email: Yes No

PREFERENCES

Language, Accessibility & Supports →

Preferred Verbal Language: _____ Interpreter Needed: Foreign Hearing None

Type of Interpreter: Spoken Language American Sign Language Other _____

Preferred Written Language: _____ Bilingual Clinician Preferred: Yes No

Reminder/Notifications → Individual needs to sign the Electronic Communication Policy form

Allow Voice Message: Yes No Allow SMS: Yes No

Allow Mail Message: Yes No Allow Email: Yes No

PRIMARY CONTACT In case of an emergency whom should we contact? None/911

Name: _____ Relationship: _____

Primary Phone #: _____ Home Work Cell Other

Primary Language: _____ Older than 18 years old? Yes No