



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: \_\_\_\_\_

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  White  Two or More Unspecified Races

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): \_\_\_\_\_

Telephone#: \_\_\_\_\_ Type (Telephone #):  Home  Mobile

Voice Messages:  Detailed Message Other  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: \_\_\_\_\_ Interpreter Scheduled: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Reference # \_\_\_\_\_

Reminder to get the Individual verbal consent for the Electronic Communication Policy and Notice of Privacy

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