

PALOUSE RIVER COUNSELING

Demographics Entry I

THIS SECTION - OFFICE USE ONLY

Consumer ID: _____ Date of First Contact: _____
First Scheduled Intake Date: _____ Admit Date: _____ Case Manager ID: _____
MIS Entry Date _____ Entered by _____ (Initials)

CONSUMER COMPLETES

Legal Name _____
Last First Middle

Address (Mailing) _____ **Home Phone #** _____

(Residence, If Different) _____ **Work Phone #** _____

_____ **Message #** _____
City State Zip (include +4 code if known)

Gender: (1) Female (2) Male (3) Unknown **Birthdate** _____ **Soc. Sec. No.** _____ - _____ - _____
Mo./Day/Yr.

Sexual Orientation: (1) Heterosexual (3) Gay or Lesbian (4) Bisexual (5) Person states they are questioning
 (9) Decline to Respond, Unknown, or Age 0-12

Ethnicity (select up to 4 codes to indicate what race you consider yourself to be):

- | | | |
|--|---|---|
| <input type="checkbox"/> (010) Caucasian/White | <input type="checkbox"/> (034) Other Asian | <input type="checkbox"/> (611) Japanese |
| <input type="checkbox"/> (021) American Indian/Alaska Native | <input type="checkbox"/> (040) Black/African American | <input type="checkbox"/> (612) Korean |
| <input type="checkbox"/> (031) Asian Indian | <input type="checkbox"/> (050) Some Other Race | <input type="checkbox"/> (619) Vietnamese |
| <input type="checkbox"/> (032) Native Hawaiian | <input type="checkbox"/> (605) Chinese | <input type="checkbox"/> (655) Samoan |
| <input type="checkbox"/> (033) Other Pacific Islander | <input type="checkbox"/> (608) Filipino | <input type="checkbox"/> (660) Guamanian/Chamorro |

Hispanic Origin:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> (998) Not Spanish/Hispanic | <input type="checkbox"/> (722) Mexican/Mexican-American/Chicano | <input type="checkbox"/> (709) Cuban |
| <input type="checkbox"/> (727) Puerto Rican | <input type="checkbox"/> (799) Other Spanish/Hispanic | |

Preferred Language (please indicate the language in which you prefer to receive services):

- (13) English (03) Spanish Other Language(s): _____

Completed by – Name: _____ **Date:** _____