

# 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:** \_\_\_\_\_