

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:

Ethnicity:

- | | | |
|--|--|---|
| <input type="checkbox"/> Amerasian | <input type="checkbox"/> Hawaiian Native | <input type="checkbox"/> Not Hispanic or Latino |
| <input type="checkbox"/> American Native | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Black | <input type="checkbox"/> Korean | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Mexican/Mexican American | <input type="checkbox"/> Unknown/Not Reported |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Multiple | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Guamanian | | |

Hispanic or Latino Ethnicity: Yes No Unknown/Not reported

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"/> Middle Eastern or North African | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Multiracial | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Not Asked | |

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) | |

Client Name

<input type="checkbox"/> Check here if Client is being Discharged from an acute 24-hour Mental Health Service <ul style="list-style-type: none"> • Legal Class at Admission (Voluntary, 72-Hour Hold, Conservatorship, etc.): • Patient Status Code <input type="checkbox"/> Discharged Home <input type="checkbox"/> Discharged to a Facility: <input type="checkbox"/> Unknown/Not reported 				
Highest Completed Education Level: <input type="checkbox"/> Not Currently Enrolled				
Conservatorship/Court Status: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Temporary Conservatorship <input type="checkbox"/> Lanterman-Petris-Short <input type="checkbox"/> Murphy <input type="checkbox"/> Probate <input type="checkbox"/> PC 2974 <input type="checkbox"/> Representative Payee Without Conservatorship </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Juvenile Court, Dependent of the Court <input type="checkbox"/> Juvenile Court, Ward – Status Offender <input type="checkbox"/> Juvenile Court, Ward – Juvenile Offender <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown/Not Reported </td> </tr> </table>		<input type="checkbox"/> Temporary Conservatorship <input type="checkbox"/> Lanterman-Petris-Short <input type="checkbox"/> Murphy <input type="checkbox"/> Probate <input type="checkbox"/> PC 2974 <input type="checkbox"/> Representative Payee Without Conservatorship	<input type="checkbox"/> Juvenile Court, Dependent of the Court <input type="checkbox"/> Juvenile Court, Ward – Status Offender <input type="checkbox"/> Juvenile Court, Ward – Juvenile Offender <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown/Not Reported	
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# of Persons <i>under</i> the age of 18 the client is responsible for more than 50% of the time:				
# of Persons <i>over</i> the age of 17 the client is responsible for more than 50% of the time:				
Additional Client Information				
Phone Number: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Mobile: <input type="checkbox"/> Business: <input type="checkbox"/> Home: </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> <i>Do Not Call</i> <input type="checkbox"/> <i>Do Not Leave Message</i> </td> </tr> </table>		<input type="checkbox"/> Mobile: <input type="checkbox"/> Business: <input type="checkbox"/> Home:	<input type="checkbox"/> <i>Do Not Call</i> <input type="checkbox"/> <i>Do Not Leave Message</i>	
<input type="checkbox"/> Mobile: <input type="checkbox"/> Business: <input type="checkbox"/> Home:	<input type="checkbox"/> <i>Do Not Call</i> <input type="checkbox"/> <i>Do Not Leave Message</i>			
Address: <input type="checkbox"/> <i>Physical</i> <input type="checkbox"/> <i>Mailing</i>				
List any Aliases:				
Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Unknown <input type="checkbox"/> Widowed				
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Listed				
Gender Identity: <input type="checkbox"/> Non-Binary <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Female <input type="checkbox"/> Female-to-Male (FTM)/Transgender Male/Trans Man <input type="checkbox"/> Male-to-Female (MTF)/Transgender Female/Trans Woman <input type="checkbox"/> Genderqueer, neither exclusively male nor female <input type="checkbox"/> Unsure/Questioning <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not Asked				
Sexual Orientation: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> Heterosexual / Straight <input type="checkbox"/> Gay (male) <input type="checkbox"/> Prefer not to answer </td> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> Lesbian (female) <input type="checkbox"/> Unsure/Questioning <input type="checkbox"/> Transgender </td> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> Bisexual <input type="checkbox"/> Declined to state <input type="checkbox"/> Unknown/Not Asked </td> </tr> </table>		<input type="checkbox"/> Heterosexual / Straight <input type="checkbox"/> Gay (male) <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Lesbian (female) <input type="checkbox"/> Unsure/Questioning <input type="checkbox"/> Transgender	<input type="checkbox"/> Bisexual <input type="checkbox"/> Declined to state <input type="checkbox"/> Unknown/Not Asked
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Military Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No			