

**San Diego County Mental Health Services
Demographic Form**

Client Name:

Case #:

Program Name:

Effective Date:

Admission Status: Pre-Registered Registered Admit

CLIENT IDENTIFYING INFORMATION:

HIM Staff Only (HIM Staff to indicate deceased): Deceased **Date of Death:**

*Birth Date:		
Last Name:	First Name:	
Middle Name:	Suffix:	
Birth Name (if different from above):		
Last Name:	First Name:	
Middle Name:	Suffix:	
Physical Address:		
Street Address:		
City/State/Zip:	County:	
Home Phone:	*OK to call home?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Phone:	Ext:	Cell Phone:
Mailing Address:		
Street Address:		
City/State/Zip:	County:	
Social Security #: <input type="checkbox"/> Declines or <input type="checkbox"/> Unable to provide Social Security #		
*Gender: <input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> O-Other <input type="checkbox"/> U-Unknown		
*Currently Pregnant or Post Partum?		
<input type="checkbox"/> Pregnant <input type="checkbox"/> Post Partum up to 12 mos. <input type="checkbox"/> Unknown <input type="checkbox"/> Not Pregnant		
*Birth Date: <input type="checkbox"/> Actual <input type="checkbox"/> Estimated		
Born in US: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Country where born: _____		
Born in California: <input type="checkbox"/> Yes If Yes, County where born: _____ <input type="checkbox"/> No If No, State where born: _____		
Client Marital Status (Select one only):		
<input type="checkbox"/> 1-Never Married <input type="checkbox"/> 2-Married <input type="checkbox"/> 4-Divorced <input type="checkbox"/> 7-Domestic Partner <input type="checkbox"/> 5-Separated <input type="checkbox"/> 3-Widowed <input type="checkbox"/> 6-Unknown		
Ethnicity (select one only):		
<input type="checkbox"/> 1-Not Hispanic <input type="checkbox"/> 2-Hispanic – Mexican American/Chicano <input type="checkbox"/> 3-Hispanic – Cuban <input type="checkbox"/> 4-Hispanic – Puerto Rican		
<input type="checkbox"/> 6-Hispanic – Dominican <input type="checkbox"/> 7-Hispanic – Salvadoran <input type="checkbox"/> 5-Hispanic – Other/Latino <input type="checkbox"/> 9-Unknown/Not Reported		
Race Rank 1 to 5 as needed with 1 being primary:		
A-White/Caucasian	J-Japanese	S-Samoan
B-Black/African American	K-Korean	T-Sudanese
C-Cambodian	L-Laotian	U-Chaldean
D-Chinese	M-Mien	V-Vietnamese
E-Eskimo/Alaskan Native	N-Native American	W-Ethiopian
F-Filipino	O-Other Non-White/ Non-Caucasian	X-Somali
G-Guamanian	P-Other Pacific Islander	Y-Iranian
H-Hawaiian Native	Q-Hmong	Z-Iraqi
I-Asian Indian	R-Other Asian	9-Unknown/Not Reported

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Language (Complete both client languages. If there is a caretaker, complete caretaker language)

Client Primary:	Client Preferred:	Caretaker Preferred:
Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If either preferred language is other than English, an interpreter is needed)		

Employment Status (Check only one value. Starting with "A" check the first one that applies to client):

- | | | |
|--|---|--|
| <input type="checkbox"/> A-Comp Job 35+ hrs per week | <input type="checkbox"/> G-Full Time Job Training | <input type="checkbox"/> M-Retired |
| <input type="checkbox"/> B-Comp Job 20-34 hrs per week | <input type="checkbox"/> H-Part time Job Training | <input type="checkbox"/> N-Unemployed/Seeking Work |
| <input type="checkbox"/> C-Comp Job < 20 hrs per wk | <input type="checkbox"/> I-Full Time Student | <input type="checkbox"/> O-Unemployed/Not Seeking Work |
| <input type="checkbox"/> D-Rehab 35+ hrs per wk | <input type="checkbox"/> J-Part Time Student | <input type="checkbox"/> P-Not in the Labor Force |
| <input type="checkbox"/> E-Rehab 20-34 hrs per wk | <input type="checkbox"/> K-Volunteer | <input type="checkbox"/> Q-Resident/Inmate |
| <input type="checkbox"/> F-Rehab < 20 hrs per wk | <input type="checkbox"/> L-Homemaker | <input type="checkbox"/> U-Unknown |

Living Arrangement (Check only one value from the list below):

- | | | |
|---|---|---|
| <input type="checkbox"/> A-House or Apartment | <input type="checkbox"/> I-MH Rehab Ctr (Adult Locked) | <input type="checkbox"/> S-Group Home-Child (Level 1-12) |
| <input type="checkbox"/> B-House or Apt with Support | <input type="checkbox"/> J-SNF/ICF/IMD | <input type="checkbox"/> T-Residential Tx Ctr-Child (Level 13-14) |
| <input type="checkbox"/> C-House or Apt with Daily Supervision
Independent Living Facility | <input type="checkbox"/> K-Inpatient Psych Hospital | <input type="checkbox"/> U-Unknown |
| <input type="checkbox"/> D-Other Supported Housing Program | <input type="checkbox"/> L-State Hospital | <input type="checkbox"/> V-Comm Tx Facility (Child Locked) |
| <input type="checkbox"/> E-Board & Care – Adult | <input type="checkbox"/> M-Correctional Facility | <input type="checkbox"/> W- Children’s Shelter |
| <input type="checkbox"/> F-Residential Tx/Crisis Ctr – Adult | <input type="checkbox"/> N-Residential Tx Ctr-Child STRTP | <input type="checkbox"/> XX-Homeless/In Shelter |
| <input type="checkbox"/> G-Substance Abuse Residential Rehab Ctr | <input type="checkbox"/> O-Other | <input type="checkbox"/> YY-Homeless/Out of Shelter |
| | <input type="checkbox"/> R-Foster Home-Child | <input type="checkbox"/> ZZ-Homeless/Living w Other(s) |

Number of children less than 18 years of age that the client cares for at least 50% of the time:

Number of adults 18 years or older that the client cares for at least 50% of the time:

Education (last grade or years completed):	Religion:
*Does the client have Regional Center involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refuse/Cannot Access	
*Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline <input type="checkbox"/> Unable to Answer	Branch:
If 18, has client been offered the National Voter’s Registration form? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
Mother’s First Name:	

ALIAS(ES) (List other names you have used. A first & last name must be included for each alias)

Last Name:	First Name:	Middle Initial:

LEGAL INFORMATION/LEGAL CONSENT (check only one box in the lists below):

<p align="center">Self Consent <i>Legal Rep Information not required</i></p> <input type="checkbox"/> A-Adult / Self Consent <input type="checkbox"/> E-Minor / Self Consent <input type="checkbox"/> D-Emancipated Minor	<p align="center">Conservator</p> <input type="checkbox"/> I-Temporary <input type="checkbox"/> J-Permanent <input type="checkbox"/> K-Murphy <input type="checkbox"/> L-Probate	<p align="center">Minor</p> <input type="checkbox"/> B-Parental Consent <input type="checkbox"/> C-Guardian/Caregiver	<p align="center">Juvenile Court</p> <input type="checkbox"/> F-Dependent <input type="checkbox"/> G-Ward Status Offender <input type="checkbox"/> H-Ward Juvenile Offender
Legal Representative:		Relationship:	
Address:		Phone:	
City/State/Zip:			
Employment Phone:		Other Information:	

PARENTAL & SCHOOL INFORMATION

Is client under 18: Yes (School & Parental Information required) No (Parental information is optional)

Parent Name:	Relationship:
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Address:		Phone:
City/State/Zip:		
Employment Phone:	Other Information:	
School Attending:		
School District of Residence:		

JUVENILE FORENSICS

REJIS #:

EMERGENCY NOTIFICATION INFORMATION

Name:	Relationship:
Address:	Home Phone:
City/State/Zip:	Work Phone:
Other Information:	

CONTACTS

Name (Last, First MI)	Agency/Title/Relationship	Phone

Staff Completing/Accepting the Assessment:

Signature	Printed Name	Cerner ID	Date