

FaceSheet - Demographics

<b>Effective Date</b>		<b>Author</b>	
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**General Information**

Client ID		SSN	
First Name		Middle Name	
Last Name		Suffix	
E-Mail		Medi-Cal ID	<input type="checkbox"/> Active
Professional Suffix		Medicare Beneficiary ID	

**Phone Numbers**

		Do not call	Do not leave message
Mobile		<input type="checkbox"/>	<input type="checkbox"/>
Home		<input type="checkbox"/>	<input type="checkbox"/>
Business		<input type="checkbox"/>	<input type="checkbox"/>
Home 2		<input type="checkbox"/>	<input type="checkbox"/>

**Addresses**

Home	
Billing	

**Comment**

List any special needs or considerations important to note about client

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**Identifying Information**

Date of Birth		Age		Sex	
Marital Status		Gender Identity		Sexual Orientation	
Deceased on		Cause of Death		Pronoun	

Pregnant  Yes  No  N/A

List below from global codes/table:

Ethnicity		Race	
Client declined to provide			

**Primary Care Provider**

Primary Care Provider	
Organization	
Phone #	
PCP Email	

Client does not have PCP

Financial Information			
Financially Responsible	<input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Household Income	
Source of Income		# in Household	

Living Arrangement	
Living	
County of Residence	
County of Financial Responsibility	

Educational/Employment		
Educational Status		Highest Grade Level Completed
Ability to Read/Write		Military Status
Veteran Status		
Employment Status		
Employment Information		
Criminal Justice Involvement		

<b>Language</b>	
<input type="checkbox"/> Client does not speak English	<input type="checkbox"/> Interpreter Services Needed
Primary/Preferred Language	
Hispanic Origin	

<b>Transportation Information</b>	
<input type="checkbox"/> Transportation Service	
Note any special needs accommodations (e.g., wheelchair, service animal, high rise)	

<b>Preferences</b>	
Communication Preference	<input type="checkbox"/> Text Message <input type="checkbox"/> Email <input type="checkbox"/> Voice
Communication Phone	
<input type="checkbox"/> Do Not Send Any Notifications	
Days:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
Geographic Location	
Comment	

<b>Signature</b>		<b>Date</b>	
<b>Printed Name &amp; Credentials</b>			