



County of San Luis Obispo Behavioral Health Client Information

Social Security Number: _____

Prefix Miss Mr. Mrs. Ms.

Client Name: _____
(First) (Middle) (Last)

Email: _____

Medicaid ID: _____ Medicare Beneficiary ID: _____

Phone Number #1: _____ Type: Home Cell Business Other
 Do Not Call Do Not Leave a Message

Phone Number #2: _____ Type: Home Cell Business Other
 Do Not Call Do Not Leave a Message

Street Address: _____ City/State/Zip Code: _____

Mailing Address: Yes No If no, please complete below.

Mailing Address: _____ City/State/Zip Code: _____

Client Aliases

Client Name: _____
(First) (Middle) (Last)
Type: Nickname Preferred Name Former Name Alias

Client Name: _____
(First) (Middle) (Last)
Type: Nickname Preferred Name Former Name Alias

Demographics

Date of Birth: _____ Sex Assigned at Birth: Male Female Not Listed

Marital Status:

Divorced Domestic Partner Married Separated Widowed
 Never Married Unknown

Client Name _____ Client MR# _____



County of San Luis Obispo Behavioral Health
Client Information

Gender Identity:

- Male Female Non-Binary Unsure/Questioning Other Transgender
- Female-to-Male (FTM)/Transgender Male/Trans Man Prefer not to answer
- Male-to-Female (MTF)/Transgender Female/Trans Woman Unknown/Not Asked
- Genderqueer, neither exclusively male nor female

Sexual Orientation:

- Heterosexual / Straight Lesbian (female) Gay (male) Bisexual
- Prefer not to answer Unsure / Questioning Declined to state Unknown/Not Asked

Pronoun: He She They Ze

Ethnicity:

- Amerasian American Native Asian Indian Black Cambodian Chinese
- Dominican Filipino Guamanian Hawaiian Native Hispanic/Latino Japanese
- Korean Laotian Mexican/Mexican American Multiple Not Hispanic or Latino
- Other Asian or Pacific Islander Samoan Vietnamese White Unknown

Race:

- Alaskan native American Indian Asian Indian Black/African American
- Cambodian Chinese Filipino Guamanian Hmong Japanese Korean
- Laotian Mien Multiracial Native Hawaiian Other Asian Other Pacific Islander
- Samoan Vietnamese White/Caucasian Unknown Prefer not to answer

Language:

Primary/Preferred Language: _____

- Client Does not Speak English Interpreter Services Needed

Hispanic Origin:

- Puerto Rican Mexican Cuban Other Hispanic Not of Hispanic Origin
- Prefer Not to Answer Unknown

Providers:

Primary Care Physician: _____ Does not have PCP

Client Name _____ Client MR# _____



County of San Luis Obispo Behavioral Health
Client Information

Financial Information

Financially Responsible: Yes No

Annual Household Income: \$_____ # of Dependents: _____ # in Household: _____

Source of Income:

- Wages/Salary Public Assistance Retirement/Pension Disability
- Other None Unknown Not collected

Living Arrangements:

- Homeless House or apartment (includes trailers, hotels, dorms, barracks, etc.)
- On the streets or in a homeless shelter Group Home Foster Family Home
- Residential Treatment Center Jail or Correctional Facility
- House or apartment, requiring daily support and supervision (adults only)
- Unknown/Not Reported Other: _____

Education/Employment:

Educational Status:

Currently Enrolled: Yes No Grade Level Enrolled: _____

Highest Grade Level Completed: _____

If enrolled in School, Name of School: _____

(Staff Only: School Name is added in Custom Fields)

Military Status: Yes No Veteran Status: Yes No

Employment Status:

- Employed Full Time Employed Part Time Unemployed Seeking Work
- Unemployed Not Seeking Work Student Ages 0-5 Retired
- Disabled Not in Workforce Other: _____

Criminal Justice Involvement:

- Probation Dept of Corrections Dept of Youth Services Commitment
- Jail Parole AB109 Court Not Involved

Client Name _____ Client MR# _____

