

DEMOGRAPHIC DATA

Name: _____ Date: _____

Address: _____ Zip: _____ Phone: _____

Biological Sex _____ Gender Identity _____ Preferred Gender Pronouns: _____

Birthdate: _____ Age: _____ Height: _____ Weight: _____

Occupation: _____ Employer: _____

Country of citizenship: _____ Ethnicity: _____ Race: _____

Languages spoken at home: _____

Religious Affiliation: _____

Sexual Orientation: _____

Relationship Status: (check all applicable)	<input type="checkbox"/> Single	<input type="checkbox"/> Engaged	<input type="checkbox"/> Married
	<input type="checkbox"/> Coupled	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Living Together	<input type="checkbox"/> Living Apart	<input type="checkbox"/> Widowed

Spouse/Partner's Name: _____ Age: _____

Occupation: _____ Employer: _____

Date relationship began: _____ Date relationship ended: _____

Spouse/Partner's Name: _____ Age: _____

Occupation: _____ Employer: _____

Date relationship began: _____ Date relationship ended: _____

*** If more serious relationships, list information on back. ***

The following questions relate to your social experiences currently and in childhood. If more space is needed, list information on back or below.

Are you a former foster youth? Yes No

Were you adopted? Yes No

Names of Your Primary Caretakers (in childhood/currently)	Relationship to you	Age	Year Relationship Began / Ended	Year of Death
			/	
			/	
			/	
			/	

Names of Other Parents	Biological/Step/Foster/Other	Age	Year Relationship Began / Ended	Year of Death
			/	
			/	
			/	
			/	
			/	
			/	

Names of Brothers and Sisters	Bio/Step/Half/Other	Age	Year of Death

Names of Your Children	Age	Gender	Whose child? (Mine/Ours)	Living with you? (X)	Year of Death (If applicable)

Other People Living in the Home:			
Name	Age	Gender	Relationship to You