

California Lutheran University
Community Counseling Services
DEMOGRAPHIC INFORMATION

Date _____

Name _____
Last First M.I.

Address: _____

OK to send mail: Yes No

Phone Number: _____ OK to leave a message: Yes No

Client Information

1. County:

- Los Angeles County
- Ventura County
- Not Listed, Specify

2. Marital Status:

- Single
- Married/Civil Union
- Divorced/Separated
- Widowed

3. Sex:

- Male
- Female
- Intersex

4. Gender Identity:

- Male
- Female
- FTM / transgender male/
trans man
- MTF / transgender
female/trans woman
- Genderqueer
- Gender-nonconforming
- Questioning
- Not Listed, Specify:

5. How do you want to be referred to (Pronouns):

- he / him / his
- she / her /hers
- they/them/theirs
- Not Listed, Specify:

6. Sexual Orientation:

- Bisexual
- Gay
- Heterosexual (Straight)
- Lesbian
- Pansexual
- Queer
- Questioning
- Not Listed, Specify:

7. Race/Ethnicity:

- American Indian / Native
American / Alaska Native
- Asian / Asian American
- Black / African American
- Latino/a or Spanish Heritage
- Middle Eastern or North African
- Multiracial, Specify:

- Native Hawaiian / Other Pacific
Islander
- White / European Descent
- Not Listed, Specify:

8. Religious Affiliation:

- Agnostic
- Atheist
- Buddhist
- Catholic
- Christian
- Hindu
- Jehovah's Witness
- Jewish
- Mormon
- Muslim
- Not Listed, Specify:

9. Who referred you to CCS (Check all that apply)

- Self
- Friend
- Family Member
- Court System
- Agency (e.g., Social Services,
Interface), Specify:

- Doctor's Office/ Therapist,
Specify:

- Not Listed, Specify:

10. How did you learn about CCS?

- Presentation
- Brochures/Pamphlets
- Website
- Social Media
- Direct Referral (e.g.,
person/agency), Specify:

- Bus Advertising
- Movie Theater Advertising
- Not Listed, Specify:

11. Highest Level of Education:

- Some School Completed
- High School Graduate/GED
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Professional/Vocational Degree
- Doctorate Degree

12. Employment Status:

- Employed/ Self-employed
- Unemployed, looking for work
- Unemployed, not currently looking for work
- Full-time Student
- Part-time Student
- Retired

If employed, please specify Occupation: _____

- Hours per week: _____

13. Disability (Cognitive, Physical, Sensory) :

- Yes No

If Disability, please specify: _____

14. Please mark any that apply:

- 1st Generation College-Student
- Law Enforcement
- Fire Department
- Paramedic/EMT
- Active Duty or Reserves (e.g., military)
- Veteran

15. Annual Household Income Before Taxes (gross):

- Less than \$16,999
- \$17,000 - \$24,999
- \$25,000 - \$49,999
- \$50,000 - \$99,999
- \$100,000 or more

16. Please check the items that BEST describes why you are seeking counseling:

- Academic Difficulties
- Anxiety
- Bullying/Discrimination/Harassment
- Chronic Health/Pain Management Issues
- Depression/Sadness
- Drug or Alcohol Use/Abuse
- Employment Problems
- Financial Problems
- Gender Identity Concerns
- Grief/Bereavement
- Homicidal Thoughts or Behavior
- Intimate Partner/Domestic Violence
- Legal Problems
- Mood Swings
- Parenting Difficulties
- Relationship Problems
- Sexual Orientation Concerns
- Suicidal Thoughts or Behavior
- Not Listed, Specify: _____

17. Does your family require services to be provided in a Language other than English: _____

18. Do you have any children? Yes No

If Yes,	<u>Names</u>	<u>Date of birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact:

Name: _____ Relationship: _____
Phone Number (including area code): _____