



PATIENT DEMOGRAPHIC INFORMATION
FOR STATISTICAL PURPOSES ONLY

Client Information:

Name: _____ DOB _____

Ethnicity (please circle any that apply)

White/Caucasian Hispanic/Latino Black/African American Asian Native American Pacific Islander Multi-Racial

Jewish? Y/N

Household Composition:

Name: _____ DOB _____

Ethnicity (please circle any that apply)

White/Caucasian Hispanic/Latino Black/African American Asian Native American Pacific Islander Multi-Racial

Jewish? Y/N

Name: _____ DOB _____

Ethnicity (please circle any that apply)

White/Caucasian Hispanic/Latino Black/African American Asian Native American Pacific Islander Multi-Racial

Jewish? Y/N

Name: _____ DOB _____

Ethnicity (please circle any that apply)

White/Caucasian Hispanic/Latino Black/African American Asian Native American Pacific Islander Multi-Racial

Jewish? Y/N

Name: _____ DOB _____

Ethnicity (please circle any that apply)

White/Caucasian Hispanic/Latino Black/African American Asian Native American Pacific Islander Multi-Racial

Jewish? Y/N

Household Annual Income:

- Under \$15,000
- \$15,000-\$24,999
- \$25,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000 and Over