

Sierra County Health Department Demographic Form

Shaded areas indicate a lookup table is available

*(11)Race: 1. _____ 2. _____ 3. _____			
(A) Asian – Other	(G) Guamanian	(L) Laotian	(Q) Hmong
(B) Black / African American	(H) Hawaiian Native	(M) Mien	(S) Samoan
(C) Cambodian	(I) Asian Indian	(N) Native American	(V) Vietnamese
(D) Chinese	(J) Japanese	(O) Other	(W) White/Caucasian
(E) Alaskan Native	(K) Korean	(P) Pacific Islander – Other	(U) Unknown / Not Reported
(F) Filipino			
*(12)Primary Language: Circle One			
(0) American Sign Language (ASL)	(A) Other Sign Language	(I) Lao	(R) Arabic
(1) Spanish	(B) Mandarin	(J) Turkish	(S) Samoan
(2) Cantonese	(C) Other Chinese Dialects	(K) Hebrew	(T) Thai
(3) Japanese	(D) Cambodian	(L) French	(U) Farsi
(4) Korean	(E) Armenian	(M) Polish	(V) Vietnamese
(5) Tagalog	(F) Ilocano	(N) Russian	(9) Unknown / Not Reported
(6) Other non-English	(G) Mien	(P) Portuguese	
(7) English	(H) Hmong	(Q) Italian	
*(13)Communication Method:			
(C) Communication Device	(T) Translator – Spanish	(V) Verbal	
(S) Sign Language	(X) Translator - Other		
*(12)Language Preferred (Individual): Indicate Code (from prim lang above) _____			
(12)Language Preferred (Caretaker): Indicate Code (from prim lang above) _____			
*Interpreter Needed?: <input type="radio"/> Yes <input type="radio"/> No			
*(14)Employment Status: Circle One			
(A) Comp Job 35+ hours/week	(E) Actively looking for work	(I) Retired	
(B) Comp Job <35 hours/week	(F) Homemaker	(J) Resident / Inmate of Institution	
(C) Non-Comp Job 35+ hours/week	(G) Student	(K) Other	
(D) Non-Comp Job <35 hours/week	(H) Volunteer Worker	(U) Unknown / Not Reported	
*(15)Living Arrangement: Circle One			
(01) Foster Home – Child	(10) Comm Treatment Facility	(18) Homeless	
(04) Group Home – LV1 1–12 Child	(11) State Hospital	(19) SNF/ICF/IMD for psych	
(05) House or Apartment	(12) VA Hospital/PHF/Inpatient Psych	(21) Justice Related	
(06) House or Apt w/ Support	(14) MH Rehab Center	(25) Other	
(07) House or Apt w/ Supervision	(15) PHF/Inpatient Psychiatric	(27) Board & Care	
(08) Supported Housing	(16) Sober Living	(28) Residential Treatment Center – LV1 13–14	
(09) Adult Residential Facility, Social Rehab Facility, Crisis Residential, Transitional Residential, Drug Facility, Alcohol Facility	(17) Specialty Transitional	(99) Unknown / Not Reported	
*Number of Children under age 18 the client cares for/responsible for 50% or more of the time?: _____			
*Number of Dependents age 18 or older the client cares for/responsible for 50% or more of the time?: _____			
*(16)Education (highest grade completed): _____			Special Education: <input type="radio"/>Yes <input type="radio"/>No
District of Residence: _____			
*(18)Disability: 1. _____ 2. _____ 3. _____			
(C) Declined to State	(H) Hearing	(S) Speech	
(D) Developmentally Disabled	(M) Mobility	(V) Vision	
(E) Mental Health	(O) Other Disability (not AOD)	(N) None	
*Veteran: <input type="radio"/> Yes <input type="radio"/> No		Branch: _____	

Client Name: _____

Client #: _____

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Alias(es)/Maiden Name		
Last Name:	First:	Middle:

EMERGENCY NOTIFICATION INFORMATION	
*Name:	*(17)Relationship: See page 4
Address:	* Home Phone:
City/State/Zip:	Work Phone:
Employment Place:	

Contacts		
Name:	Agency/Title:	Phone:

LEGAL INFORMATION	
*(24)Legal Consent: See page 4	
*Responsible Person:	*(17)Relationship: See page 4
*Address:	* Phone:
*City/State/Zip:	
Employment Phone:	Employment Place:
Responsible Party SSN:	

MEDICAL INFORMATION			
*Primary Care Provider:	*Phone:	FAX:	
Address:			
City/State/Zip:			
Pharmacy:	Phone:	FAX:	
Hospital Preference:			

ADVANCE DIRECTIVE INFORMATION	
Advance Directive Given? <input type="radio"/> Yes <input type="radio"/> No	
NPP Given? <input type="radio"/> Yes <input type="radio"/> No	Form Signed Date:

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CLIENT CONTACT INFORMATION	
	May we leave message at home? <input type="radio"/> Yes <input type="radio"/> No
	May we leave message at work? <input type="radio"/> Yes <input type="radio"/> No
	May we leave message via emergency contact? <input type="radio"/> Yes <input type="radio"/> No
	May we leave message on your cell? <input type="radio"/> Yes <input type="radio"/> No
	May we contact you by mail? <input type="radio"/> Yes <input type="radio"/> No
	If we cannot contact you by mail, then what is an alternative address or method of contact to send you clinical information such as letters and billing information?

Signature of Staff Obtaining Information: who filled out the form							
					<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
*Staff ID	*Staff Name	*Date	*Time				

Signature of Staff Entering Information (If Different from Above):							
					<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
*Staff ID	*Staff Name	*Date	*Time				

Key: *=Required Field

<p>(17) Relationship Types</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">ID</th> <th style="text-align: left; border-bottom: 1px solid black;">Description</th> </tr> </thead> <tbody> <tr><td>A</td><td>Parent</td></tr> <tr><td>D</td><td>Guardian</td></tr> <tr><td>E</td><td>Spouse</td></tr> <tr><td>F</td><td>Foster Parent</td></tr> <tr><td>G</td><td>Grandparent</td></tr> <tr><td>O</td><td>Other Relation</td></tr> <tr><td>P</td><td>Self</td></tr> <tr><td>X</td><td>Domestic Partner</td></tr> <tr><td>R</td><td>Unknown / Not Reported</td></tr> </tbody> </table>	ID	Description	A	Parent	D	Guardian	E	Spouse	F	Foster Parent	G	Grandparent	O	Other Relation	P	Self	X	Domestic Partner	R	Unknown / Not Reported	<p>(24) Legal Consent (CSI – Conservatorship/Court Status)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">ID</th> <th style="text-align: left; border-bottom: 1px solid black;">Description</th> </tr> </thead> <tbody> <tr><td>9</td><td>Not Applicable</td></tr> <tr><td>A</td><td>Temporary Conservatorship</td></tr> <tr><td>B</td><td>Lanterman–Petris–Short</td></tr> <tr><td>C</td><td>Murphy Conservatorship</td></tr> <tr><td>D</td><td>Probate</td></tr> <tr><td>E</td><td>PC 2974</td></tr> <tr><td>F</td><td>Representative Payee w/out Conservatorship</td></tr> <tr><td>G</td><td>Juvenile Crt, Dependent of Crt</td></tr> <tr><td>H</td><td>Juvenile Crt, Ward Status Off</td></tr> <tr><td>I</td><td>Juvenile Crt, Ward Juv Off</td></tr> <tr><td>0</td><td>Unknown / Not Reported</td></tr> </tbody> </table>	ID	Description	9	Not Applicable	A	Temporary Conservatorship	B	Lanterman–Petris–Short	C	Murphy Conservatorship	D	Probate	E	PC 2974	F	Representative Payee w/out Conservatorship	G	Juvenile Crt, Dependent of Crt	H	Juvenile Crt, Ward Status Off	I	Juvenile Crt, Ward Juv Off	0	Unknown / Not Reported
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