



County of San Luis Obispo Behavioral Health Client Information

Client MR#: _____ 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: _____

Billing Address: Yes No If no, billing address: _____

Comments: List any special needs or considerations important to note about the client.

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

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

Type: Nickname Preferred Name Former Name Alias



County of San Luis Obispo Behavioral Health Client Information

Demographics

Date of Birth: _____ Sex: Male Female Not Listed

Marital Status:

- Divorced Domestic Partner Married Separated Widowed
- Never Married Unknown

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 Transgender
- 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

Primary Care Physician: _____

Client 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:

- Dependent Living Homeless Independent Living Private residence – Independent
- On the streets or in a homeless shelter Private residence – Dependent Adult or child
- Jail or correctional facility Institutional setting 24-hour residential care
- House or apartment (includes trailers, hotels, dorms, barracks, etc.) Group Home
- House or apartment, requiring some support with daily living activities (adults only)
- House or apartment, requiring daily support and supervision (adults only)
- Supported housing (adults only) Foster Family Home Residential Treatment Center
- Community Treatment Facility Board and Care Mental Health Rehabilitation Center
- Adult Residential Facility, Social Rehabilitation Facility, Crisis Residential, Transitional Residential, Drug Facility, Alcohol Facility State Hospital Justice-related Other
- Inpatient Psychiatric Hospital, Inpatient Psychiatric Health Facility (PHF), or Veterans Affairs (VA) Hospital Homeless, no identifiable residence Unknown/Not Reported
- Skilled Nursing Facility/Intermediate Care Facility/Institution of Mental Disease

County of Residence: _____ County of Financial Responsibility: _____

Education/Employment:

Educational Status:

- Currently Enrolled: Yes No Grade Level Enrolled: _____
- Highest Grade Level Completed: _____ Able to Read/Write: Yes No
- Able to read and write Able to read but not write Able to write but not read

Military Status: Yes No Veteran Status: Yes No



County of San Luis Obispo Behavioral Health Client Information

Employment Status:

- Employed Full Time Employed Part Time Unemployed Seeking Work
- Unemployed Not Seeking Work Supported/Transitional Employment
- Homemaker Student Retired Disabled Not in Workforce Ages 0-5
- Volunteer Worker Resident/Inmate of Institution Other: _____

Criminal Justice Involvement:

- Probation Dept of Corrections Dept of Youth Services Commitment
- Jail Parole Not involved

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

Transportation Information

- Transportation Services Needed

Note any special needs accommodations (e.g. wheelchair, service animal, high rise)

Preferences

Communication Preference: Text Message Email Voice Do Not Send Any Notifications

Communication Phone Number: _____

Days of the week: Mon Tue Wed Thurs Fri

Client Name: _____

Client MR# _____



County of San Luis Obispo Behavioral Health Client Information

Contacts

Contact #1 Information: Relationship: _____

Name _____ Date of Birth: _____
 First Last

Email Address: _____ Organization: _____

- Financially Responsible Emergency Contact Guardian Household Member
- Care Team Member Healthcare Decision Maker

Phone #1: _____ Phone #2: _____

Address: Same as client

Street Address: _____

City, State, Zip: _____

Contact #2 Information: Relationship: _____

Name _____ Date of Birth: _____
 First Last

Email Address: _____ Organization: _____

- Financially Responsible Emergency Contact Guardian Household Member
- Care Team Member Healthcare Decision Maker

Phone #1: _____ Phone #2: _____

Address: Same as client

Street Address: _____

City, State, Zip: _____

Client Name: _____

Client MR# _____

