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Lancaster, PA 17601  
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## Client Information Form

Client First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Check box if voice mail OK:

Home Phone: \_\_\_\_\_ Check box if voice mail OK:

Work Phone: \_\_\_\_\_ Check box if voice mail OK:

Other Phone: \_\_\_\_\_ Check box if voice mail OK:

Email Address: \_\_\_\_\_

Would you like email reminders of your appointments? Yes  No

Administrative Sex: Male  Female

Gender Identity:

- Male  Female  
 Transgender Male/Trans Man/FTM  Transgender Female/Trans Female/MTF  
 Genderqueer, neither exclusively male nor female  
 Additional gender category or other, please specify: \_\_\_\_\_  
 Choose not to disclose

Sexual Orientation:

- Lesbian, gay or homosexual  Straight or heterosexual  
 Bisexual  Something else, please describe: \_\_\_\_\_  
 Unknown  Choose not to disclose

Race:

- American Indian or Alaska Native  Asian  
 Black or African American  Hispanic or Latino  
 Native Hawaiian or other Pacific Islander  White  
 Choose not to disclose

Language(s): \_\_\_\_\_

Marital Status: Married  Single  Other

Employment: Employed  Full-Time Student  Part-Time Student  Unemployed/Other