



Demographics Addendum



CONTACT INFORMATION

Legal Last Name:	Legal First Name:	Middle Name:
*Birth Date:		Preferred Name or AKA and Pronouns:

DEMOGRAPHICS

*How do you describe yourself? (Mark One Answer) <input type="checkbox"/> Male <input type="checkbox"/> Transgender Man/Trans Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Woman/Trans Female <input type="checkbox"/> Genderqueer/gender non-Conforming <input type="checkbox"/> Prefer not to disclose. <input type="checkbox"/> Different Identity; please specify: _____	*What sex were you assigned at birth, such as your original birth certificate? (Mark One Answer) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose
*Which of the following best represents your sexual orientation identity (Mark one answer): <input type="checkbox"/> Straight or Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Not listed; please specify: _____ <input type="checkbox"/> Prefer not to disclose	

Client Printed Name

Client Signature

Date