

**Ohio Department of Health  
Bureau of Child and Family Health Services • Child and Family Health Services**

## Demographic Record

Direct computer entry of data is the preferred method to record client demographic information, though some clinics may choose to use the form to ensure the accuracy of information or due to clinic setup. Complete each item, selecting one answer unless otherwise instructed. Once information has been entered on to the computer, re-entry is not needed upon a subsequent visit if nothing has changed. Update information on the form and/or computer only if necessary.

Date completed / /
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- This is updated information for a CFHS client record  
 Do Not Contact

1. Last name		2. First name		3. MI
4. Address (optional)			City	
5. ZIP		6. Phone number (optional)		
7. Parent or Guardian last name (optional)		8. Parent or Guardian first name (optional)		
9. Maiden name of client or of birth mother for child client <input type="checkbox"/> Same as above <input type="checkbox"/> Unknown/Male Family Planning Client				
10. Birth date mm/dd/yy / /		11. CFHS Client # (optional)		12. Client's Social Security #
13. MATCH consent given <input type="checkbox"/> Yes <input type="checkbox"/> No		14. Is client married (For child, enter for head of household) <input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	16. Ethnicity Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	17. Race (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify-optional)		
18. First language other than English <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, language (specify-optional) _____		_____		
19. Residence code	20. Household size	21. Gross household income (enter only one) by <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year \$ _____		22. Income verified by documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No
23. Client's highest grade completed. Enter 0-17 using the following: 0 = never completed a full year of school    12 = 12 <sup>th</sup> Grade or GED    _____ K = Kindergarten    13 = college 1 <sup>st</sup> year 1 = 1 <sup>st</sup> Grade    17 = beyond 4 years of college				24. Client currently a student <input type="checkbox"/> Yes <input type="checkbox"/> No
25. Source of initial referral to this agency (select only one source) <input type="checkbox"/> A. Advertisement/Self <input type="checkbox"/> J. Infant/Child Adolescent Clinic <input type="checkbox"/> B. Bureau for Children with Medical Handicaps <input type="checkbox"/> K. Local Health Department <input type="checkbox"/> C. Current/Former Client <input type="checkbox"/> L. Outreach Worker <input type="checkbox"/> D. Dept of Job and Family Services/Children Svcs. <input type="checkbox"/> M. Social Service Agency <input type="checkbox"/> E. Early Intervention Agency <input type="checkbox"/> N. Private Physician/Specialist <input type="checkbox"/> F. Emergency Room Hospital <input type="checkbox"/> O. Perinatal Clinic <input type="checkbox"/> G. Family Planning Clinic <input type="checkbox"/> P. School System <input type="checkbox"/> H. Friend/Family <input type="checkbox"/> Q. WIC Program <input type="checkbox"/> I. Help Me Grow Hotline <input type="checkbox"/> R. Other (specify-optional) _____				26. Local Use Only (optional)  1. _____  2. _____