

Demographic Record MATCH-IPHS

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 ____/____/____

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

| | | | | | |
|--|--|--|--|--|---|
| 1. First Name | | 2. Middle | | 3. Last | |
| State | | 4. County of residence: | | 5. City, Town, or Township | |
| 6. Street number and name | | | | 7. Apartment Number | |
| 8. Zip Code/Postal Code | | | | 9. Mother Date of Birth ____/____/____ Month Day Year | |
| 10. Primary Phone Number: ____-____-_____ Area Code Phone Number Location: _____ Secondary Phone Number: ____-____-_____ Area Code Phone Number <input type="checkbox"/> I have no phone number where I can be contacted. | | | | 11. What is your last name prior to your first marriage (maiden, surname, family name, or your name as it appears on your birth certificate)? Maiden Name/Surname: _____ <input type="checkbox"/> work phone number <input type="checkbox"/> cell phone number <input type="checkbox"/> relative | |
| 12. Parent or Guardian last and first name (optional): | | | | 13. CFHS Client # (optional): | |
| 14. Client's Social Security # | | 15. Skip this question. Not used. | | 16. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| 17. Are you Spanish/Hispanic/Latina? If not Spanish/Hispanic/Latina, check the "No" box. If Spanish/Hispanic/Latina, check the appropriate box or boxes. <input type="checkbox"/> A. No, not Spanish/Hispanic/Latina <input type="checkbox"/> B. Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> C. Yes, Puerto Rican <input type="checkbox"/> D. Yes, Cuban <input type="checkbox"/> E. Yes, other Spanish/Hispanic/Latina (e.g. Spaniard, Salvadoran, Dominican, Colombian) (specify) _____ | | | | 18. What is your primary language – that is – what language do you feel the most comfortable speaking? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Somali <input type="checkbox"/> Other (specify) _____ | |
| 19. What is your race? (Please check one or more races to indicate what you consider yourself to be.) <input type="checkbox"/> A. White <input type="checkbox"/> F. Filipino <input type="checkbox"/> K. Native Hawaiian <input type="checkbox"/> O. Other (specify) _____ <input type="checkbox"/> B. Black or African American <input type="checkbox"/> G. Japanese <input type="checkbox"/> L. Guamanian or Chamorro _____ <input type="checkbox"/> C. American Indian or Alaska Native (name of enrolled or principal tribe) _____ <input type="checkbox"/> H. Korean <input type="checkbox"/> M. Samoan _____ <input type="checkbox"/> D. Asian Indian <input type="checkbox"/> I. Vietnamese <input type="checkbox"/> N. Other Pacific Islander (specify) _____ <input type="checkbox"/> E. Chinese <input type="checkbox"/> J. Other Asian (specify) _____ <input type="checkbox"/> P. Unknown (specify) _____ | | | | | |
| 20. Household Size | | 21. Gross household income (Enter only one) Amount \$ _____ 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. Highest level of schooling completed at time of delivery 1. <input type="checkbox"/> 8th grade or less 2. <input type="checkbox"/> 9th grade thru 12th grade, no diploma 3. <input type="checkbox"/> High school graduate or GED completed 4. <input type="checkbox"/> Some college credit, but no degree 5. <input type="checkbox"/> Associate degree (e.g. AA, AS) 6. <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) 7. <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA) 8. <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD) 9. <input type="checkbox"/> Unknown | | | 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"/> B. Bureau for Children with Medical Handicaps <input type="checkbox"/> C. Current/Former Client <input type="checkbox"/> D. Dept of Job and Family Services/Children Svcs. <input type="checkbox"/> E. Early Intervention Agency <input type="checkbox"/> F. Emergency Room Hospital <input type="checkbox"/> G. Family Planning Clinic <input type="checkbox"/> H. Friend/Family <input type="checkbox"/> I. Help Me Grow Hotline <input type="checkbox"/> J. Infant/Child Adolescent Clinic <input type="checkbox"/> K. Local Health Department <input type="checkbox"/> L. Outreach Worker <input type="checkbox"/> M. Social Service Agency <input type="checkbox"/> N. Private Physician/Specialist <input type="checkbox"/> O. Perinatal Clinic <input type="checkbox"/> P. School System <input type="checkbox"/> Q. WIC Program <input type="checkbox"/> R. Other (specify-optional) _____ | | | | 26. Local Use Only (optional) 1. _____ 2. _____ | |