



ANNUAL DEMOGRAPHICS FORM

Patient ID: _____

Please fill out the form completely and clearly.

Full Name:

Last

First

M.I.

Marital Status:

- ☐ Single
☐ Married

- ☐ Separated
☐ Divorced

- ☐ Widowed
☐ Other

Sexual Orientation:

- ☐ Heterosexual/Straight
☐ Lesbian, Gay, or Homosexual

- ☐ Bisexual
☐ Choose Not to Disclose

- ☐ Don't Know
☐ Something Else/Other

Gender Identity:

- ☐ Male
☐ Female
☐ Other

- ☐ Transgender Female (Male-to-Female)
☐ Transgender Male (Female-to-Male)
☐ Choose Not to Disclose

Preferred Language:

- ☐ English
☐ Multilingual: _____

☐ Translation/Interpretation Requested-list language: _____

Housing Status:

- ☐ Not Homeless
☐ Street

- ☐ Shelter
☐ Doubling Up

☐ Transitional

Agriculture Work Status:

- ☐ Non-Agriculture
☐ Employed Year-round Ag
☐ Seasonal Ag
☐ Migrant Ag
☐ Retired Farmworker
☐ Disabled Farmworker

- ☐ I live with someone who works year-round in ag
☐ I live with someone who works seasonally
☐ I live with someone who is a migrant
☐ I live with someone who is a retired farmworker
☐ I live with someone who is a disabled farmworker

Employment Status:

- ☐ Employed
☐ Unemployed
☐ Full-Time
☐ Part-Time

- ☐ Student
☐ Child
☐ Retired
☐ Other

☐ Self-Employed

Race:

- ☐ White
☐ Black/African American
☐ Asian
☐ American Indian/Alaskan Native

- ☐ Native Hawaiian
☐ Other Pacific Islander
☐ Multiracial
☐ Refuse to Answer

Ethnicity:

☐ Hispanic/Latino

☐ Non-Hispanic/Latino

☐ Refuse to Answer

Are You a Veteran?

☐ Yes

☐ No