

Client Demographics

Personal Details

*Last Name: _____ *First Name: _____ Middle: _____

*DOB : _____ / _____ / _____ Estimated:
yyyy mm dd

*Gender: Female Male Undifferentiated Unknown

Gender Identity: Transgender Transgender F to M Transgender M to F Other: _____

Health Card No: _____

Health Region (Branch): _____

Ethnicity:

- | | | | | |
|-------------------------------------------------|-----------------------------------|-----------------------------------------|--------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Aboriginal (BC use AI) | <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Race: _____ | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Arab | <input type="checkbox"/> Declined | <input type="checkbox"/> Korean | <input type="checkbox"/> South Asian | <input type="checkbox"/> West Asian |
| <input type="checkbox"/> Black | <input type="checkbox"/> Filipino | <input type="checkbox"/> Latin American | <input type="checkbox"/> Southeast Asian | <input type="checkbox"/> White |

Reported By: Client Other Provider

Aboriginal Information

Does Client wish to self-identify as an Aboriginal Person:

- | | |
|----------------------------------------------|------------------------------------|
| <input type="checkbox"/> Asked, not provided | <input type="checkbox"/> Not Asked |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Aboriginal Identity:

- | | | | | |
|----------------------------------------------|--------------------------------------------------|---------------------------------------------------------|------------------------------------------|------------------------------------|
| <input type="checkbox"/> Asked, but unknown | <input type="checkbox"/> First Nations | <input type="checkbox"/> First Nations and Metis | <input type="checkbox"/> Inuit | <input type="checkbox"/> Metis |
| <input type="checkbox"/> Asked, not provided | <input type="checkbox"/> First Nations and Inuit | <input type="checkbox"/> First Nations, Inuit and Metis | <input type="checkbox"/> Inuit and Metis | <input type="checkbox"/> Not Asked |

First Nations Status:

- Asked, but unknown Asked, not provided Not-status Indian Not Asked Status Indian

Aboriginal Organization: _____

Alternate Names

Name Type	First	Last	Preferred

Name Types: Alias ● Former/Previous Legal Name ● Legal ● License ● Unknown

Additional IDs

ID Type	ID	Effective From	Effective To

Client Demographics

Telephone Numbers

Number Type	Number	Effective From	Effective To	Preferred

Number Types: Emergency Contact ● Fax ● Message Number ● Mobile Contact ● Pager ● Primary Home ● TeleType ● Workplace

Addresses

Address Type	Address / Address Detail / Located On Reserve Administered By	Effective From	Effective To	Preferred

Address Types: Business ● Physical Visit Address ● Postal Address ● Primary Home ● Temporary Address

Relationships

Last Name	First Name	Relationship	Same Household

Relationship Types:

Aunt	Father	Friend	Legal Guardian	Nephew	Relation	Step Child
Child	Foster Child	Grandchild	Legal Guardian Child	Niece	Sibling	Step Parent
Cousin	Foster Parent	Grandparent	Mother	Parent	Spouse	Uncle

Health Care Provider Information

Last Name	First Name	Role	Phone Number