



myAvatar Initial Contact Form (Mental Health)

Last Name		First Name	
Date of Birth	/ /	Social Security Number	- -

Sex Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/>
Do you have an Advance Directive? Yes <input type="checkbox"/> No <input type="checkbox"/>
What services are you seeking?

Current housing situation	
What name do you prefer to be called?	

Street Address			
City	State	CA	Zip Code
Home Phone () -	Work Phone () -		
Cell Phone () -	Email		

Communication Preference?

Home Phone	<input type="checkbox"/>	Work Phone	<input type="checkbox"/>	Cell Phone	<input type="checkbox"/>	Email	<input type="checkbox"/>
Mail	<input type="checkbox"/>						

Sexual Orientation

Heterosexual/Straight	<input type="checkbox"/>	Gay (Male)	<input type="checkbox"/>	Lesbian (Female)	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	Transgender	<input type="checkbox"/>	Unsure/Questioning	<input type="checkbox"/>
Declined to Answer	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>		

Maiden Name		Mother's Maiden Name	
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Marital Status

Single/Never Married	<input type="checkbox"/>	Married	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Remarried	<input type="checkbox"/>
Unknown	<input type="checkbox"/>				

Primary Language		Race	
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Ethnic origin

Alaskan	<input type="checkbox"/>	Cuban	<input type="checkbox"/>
Mexican/Mexican American	<input type="checkbox"/>	Other South East Asian	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>	Other Hispanic	<input type="checkbox"/>
Other Hispanic/Latino	<input type="checkbox"/>	Other Hispanic/Latino	<input type="checkbox"/>

Religion	Place of Birth
Country of Origin	Highest Level of Education
Employment Status	Occupation
Veteran Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please list any other names you have used	