



Red Spruce

MENTAL HEALTH CENTRE

Demographic Form

Please Fill in the Following Information:

Date: _____

Name: _____ Date of Birth: _____

Chosen Name (if different): _____

Pronouns: _____

Address: _____

Phone Number: (cell) _____ (home) _____

Email: _____

Preferred Mode of Contact: cell home email

Emergency Contact: (Name) _____ (phone) _____

Do You Identify as Having a Disability?

Yes No Prefer Not to Disclose

If yes, of what nature: _____

Please Select All That Apply (optional):

- | | |
|---|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Indigenous, Mi'kmaq, First Nations, Métis, Inuit, Innu, or _____ |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> South Asian |
| <input type="checkbox"/> Male | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Two Spirit | <input type="checkbox"/> Black, African Nova Scotian |
| <input type="checkbox"/> Gender Nonbinary | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Gender Queer | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Gender Fluid | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Asexual | <input type="checkbox"/> Southeast Asian |
| <input type="checkbox"/> Intersex | <input type="checkbox"/> West Asian |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Pansexual | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Multiple Visible Minorities |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> I Identify As: _____ |
| <input type="checkbox"/> Queer | <input type="checkbox"/> Prefer Not to Disclose |
| <input type="checkbox"/> I Identify As: _____ | |
| <input type="checkbox"/> Prefer Not to Disclose | |

