camh
Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

SOCIO-DEMOGRAPHIC PATIENT ADMISSION FORM

The following questions are being collected to help us understand who you are, what needs you may have and how we can provide you with the best care possible. Information given to us will be treated with the same level of confidentiality as all other information in the hospital.

Client/Patient Name (Last Name, First Name)

What is your sex/gender?

- ☐ Female
- ☐ Male
- ☐ Trans-Female to Male
- ☐ Trans-Male to Female
- ☐ Intersex
- ☐ Other(s) *(please specify)*: ______________________________
- ☐ Prefer not to answer
- ☐ Do not know

What is your religious or spiritual affiliation? Check one only

- ☐ Christian Orthodox
- ☐ Protestant
- ☐ Roman Catholic
- ☐ Christian (not included elsewhere on this list)
- ☐ I do not have a religious/spiritual affiliation
- ☐ Animism / Shaminism
- ☐ Atheism
- ☐ Baha'i Faith
- ☐ Buddhism
- ☐ Confucianism
- ☐ Hinduism
- ☐ Jainism
- ☐ Judaism
- ☐ Islam
- ☐ Native Spirituality
- ☐ Rastafarianism
- ☐ Sikhism
- ☐ Spiritual
- ☐ Unitarianism
- ☐ Pagan
- ☐ Zoroastrianism
- ☐ Other(s) *(please specify)*: ______________________
- ☐ Prefer not to answer
- ☐ Do not know

What language would you feel most comfortable speaking in with your healthcare provider? Check one only

- ☐ ASL
- ☐ English
- ☐ Amharic
- ☐ Arabic
- ☐ Bengali
- ☐ Chinese (Cantonese)
- ☐ Chinese (Mandarin)
- ☐ Czech
- ☐ Dari
- ☐ Farsi
- ☐ French
- ☐ Greek
- ☐ Hindi
- ☐ Hungarian
- ☐ Italian
- ☐ Karen
- ☐ Korean
- ☐ Nepali
- ☐ Polish
- ☐ Portuguese
- ☐ Punjabi
- ☐ Russian
- ☐ Serbian
- ☐ Slovak
- ☐ Somali
- ☐ Spanish
- ☐ Tagalog
- ☐ Tamil
- ☐ Tigrinya
- ☐ Turkish
- ☐ Twi
- ☐ Ukranian
- ☐ Urdu
- ☐ Vietnamese
- ☐ Prefer not to answer
- ☐ Do not know
- ☐ Other (Please specify): __________________

Which of the following best describes your racial or ethnic group? Check one only.

- ☐ Asian- East (i.e. China, Japan, Korea)
- ☐ Asian- South (i.e. India, Pakistan, Sri Lanka)
- ☐ Asian- South East (i.e. Malaysia, Filipino, Vietnamese)
- ☐ Black- African (i.e. Ghanaian, Kenyan, Somali)
- ☐ Black- North American (i.e. Canadian, American)
- ☐ Black- Caribbean (i.e. Barbadian, Jamaican)
- ☐ First Nations – Non Status
- ☐ First Nations – Status
- ☐ Indian-Caribbean (i.e. Guyanese with origins in India)
- ☐ Indigenous/Aboriginal not included elsewhere
- ☐ Inuit
- ☐ Latin American (i.e. Argentinean, Chilean, Salvadorian)
- ☐ Métis
- ☐ Middle Eastern (i.e. Egyptian, Iranian, Lebanese)
- ☐ White- European (i.e. English, Italian, Portuguese, Russian)
- ☐ White- North American (i.e. Canadian, American)
- ☐ Mixed heritage *(i.e. Black-African and White-North American)*
  (please specify) :______________________
- ☐ Other(s) *(please specify)*:______________________________
- ☐ Prefer not to answer
- ☐ Do not know

Were you born in Canada?

☐ Yes ☐ No ☐ Prefer not to answer ☐ Do not know

If no, where were you born? __________________

If no, where were you born? __________________

What is your sexual orientation?

- ☐ Heterosexual ("straight")
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ Two-Spirit
- ☐ Queer
- ☐ Other (please specify:) ________________________
- ☐ Prefer not to answer
- ☐ Do not know

What type of housing do you live in?

- ☐ Own Home
- ☐ Renting Home
- ☐ Boarding Home
- ☐ Correctional Facility
- ☐ Homeless/ on street
- ☐ Group Home
- ☐ Shelter / Hostel
- ☐ Supportive Housing
- ☐ Other (please specify:) ____________________
- ☐ Prefer not to answer
- ☐ Do not know

Do you have any of the following disabilities?

- ☐ No disabilities
- ☐ Chronic illness
- ☐ Developmental disability
- ☐ Learning disability
- ☐ Mental illness
- ☐ Physical disability
- ☐ Sensory disability (i.e hearing or vision loss)
- ☐ Drug or alcohol dependence
- ☐ Other (please specify:) __________________________
- ☐ Prefer not to answer
- ☐ Do not know

What was your family income before taxes last year?

- ☐ $0 to $29,999
- ☐ $30,000 to $59,999
- ☐ $60,000 to 89,999
- ☐ $90,000 to $119,999
- ☐ $120,000 to $149,999
- ☐ $150,000 or more
- ☐ Prefer Not to Answer
- ☐ Do not know

How many people does your income support?

____

- ☐ Prefer not to answer
- ☐ Do not know