

# CLIENT PROFILE

Marin Behavioral Health and Recovery  
Services 03/14/2022

Chosen Name and Identification						
<b>Client Name</b>		<b>Client ID</b>				
<b>Pronouns</b>						
<b>Clinician Name</b>		<b>Date</b>				
Legal Name and Identification (See ShareCare Options Book)						
<b>Date of Birth</b>		<b>Generation</b>		<b>Medi-Cal Number</b>		
<b>Last Name</b>		<b>Middle Name</b>		<b>Social Security Number</b>		
<b>Country of Birth</b>		<b>State of Birth</b>		<b>County of Birth</b>		
<b>Birth Mother's Last Name</b>		<b>Birth Mother's First Name</b>				
Address (see ShareCare Options Book)				Billing	Residence	
<b>Address Line 1</b>		<b>City</b>		<b>Zip Code</b>		
<b>Address Line 2</b>		<b>State</b>		<b>County of Residence</b>		
<b>Telephone</b>		<b>Telephone</b>		<b>E-Mail</b>		
Demographics						
<b>Sex Assigned At Birth</b>		<b>Legal/Court Status</b>				
<b>Gender Identity</b>		<b>Occupation Type</b>				
<b>Sexual Orientation</b>		<b>Employment Status</b>				
<b>Marital Status</b>		<b>Residential Living</b>				
<b>Hispanic Origin</b>		<b>Language</b>		<b>Primary</b>	<b>Preferred</b>	
<b>Race</b>		<b>Language</b>		<b>Primary</b>	<b>Preferred</b>	
<b>Dependents under 18</b>		<b>Language</b>		<b>Primary</b>	<b>Preferred</b>	
<b>Dependents 18 or Older</b>		<b>Military Status</b>	Veteran	Active	Inactive	N/A
Education						
<b>Last Grade Completed</b>		<b>School District</b>				
Special Population						
<b>Special Population</b>						
<b>Open to Katie A: Open Date</b>			<b>Closed to Katie A: Close Date</b>			
Emergency Contact Information				Work	Residence	
<b>Last Name</b>		<b>First Name</b>				
<b>Address Line 1</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>	
<b>Address Line 2</b>		<b>E-Mail</b>		<b>Relationship</b>		
<b>Telephone</b>						
Other Contact Information				Work	<input type="checkbox"/> Residence	
<b>Last Name</b>		<b>First Name</b>				
<b>Address Line 1</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>	
<b>Address Line 2</b>		<b>E-Mail</b>		<b>Relationship</b>		
<b>Telephone</b>						