

# Basic Intake

**Name:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**RWID:** \_\_\_\_\_

## Client Type

	Ryan White Client	Prevention Client	Data to Care	Bridges 757
Client Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of Birth \_\_\_\_\_

Sex at Birth  Male  
 Female

Social Security Number \_\_\_\_\_

Current Gender  Male  
 Female  
 Transgender

Transgender Status  Male to Female  
 Female to Male  
 Unknown

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Suffix \_\_\_\_\_

Maiden Name \_\_\_\_\_

Alias \_\_\_\_\_

Street Address \_\_\_\_\_  
(Please enter full street address here.)

City \_\_\_\_\_

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State  Virginia  
 Maryland  
 District of Columbia  
 Other

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Other state \_\_\_\_\_  
(List only if not in DC, MD, or VA)

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Zip Code \_\_\_\_\_

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Phone \_\_\_\_\_

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Email \_\_\_\_\_

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Intake Date \_\_\_\_\_

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Ethnicity  Non-Hispanic/Latino  
 Hispanic/Latino

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Hispanic Subgroup  Puerto Rican  
 Cuban  
 Another Hispanic, Latino/a or Spanish origin  
 Mexican, Mexican American, Chicano/a

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Client Race  White  
 Black or African American  
 Asian  
 Native Hawaiian/Pacific Islander  
 American Indian/Alaska Native  
(Check all that apply)

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Asian Subgroup  Asian Indian  
 Chinese  
 Japanese  
 Korean  
 Vietnamese  
 Filipino  
 Other Asian

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Native Hawaiian/Pacific Islander Subgroup  Native Hawaiian  
 Guamanian or Chamorro  
 Samoan  
 Other Pacific Islander

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Ryan White Agreement to Consent Form  Yes  
 No

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Ryan White Consent Date \_\_\_\_\_

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Activity Status

- (Not Specified)
- Active, continuing in program
- Referred to another program or service, or self sufficient
- Removed from treatment, violation of rules
- Incarcerated
- Relocated
- Deceased