



Pacific Clinics
ADVANCING BEHAVIORAL HEALTHCARE

STUDENT CONTACT INFORMATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Cell/Phone: _____

Email Address: _____ Date of Birth: _____

Emergency Contact Information

Name: _____ Relationship to student: _____

Phone: _____ Please Circle One: Home Work Cell

Primary Language: _____ Preferred Language: _____

Check all that apply

18+ years old Orange County Resident Consumer Family Member

Employment Status:

Employed Unemployed Searching for Employment

How did you hear about us?

Friend Online Presentation
(Site Name) _____

NAMI/Telecare/Wellness Center (Circle One) College/Other
(Circle One) _____

Office Use Only

Student ID#: _____ Assigned Academic Advisor: _____



Recovery Education Institute

Age range: (Please choose one)

- 18 to 25 26 to 59 60+ Decline to State

Please select ONE option that best describes your ethnicity:

- | | | |
|---|---|---|
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Korean | <input type="checkbox"/> Multi-ethnic |
| <input type="checkbox"/> Other Latino | <input type="checkbox"/> Filipino | <input type="checkbox"/> Decline to state |
| <input type="checkbox"/> Iranian | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other, please specify
_____ |
| <input type="checkbox"/> African American | <input type="checkbox"/> Pacific Islander | |

Primary Language: (most spoken at the home)

- | | | |
|---|---|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Farsi | <input type="checkbox"/> American Sign Language (ASL) |
| <input type="checkbox"/> Decline to State | <input type="checkbox"/> Other, please specify
_____ | |

Underserved Group:

- Veteran Deaf/Hard of Hearing LGBTIQ Other Decline to State