2.3.7.13 SEXUAL HEALTH IN RECOVERY GROUP REGISTRATION FORM

Please Block Print	Initial contact / / / / / / / / / / / / / / / / / / /
Name: MI Las	
Chosen Name:	
Cell Phone: () - (
Email:	
Preferred Method of Contact: Phone Email	
☐ Montrose Center client ☐ Current or Returning Montrose Center client	
Group Name:	
If you are a current or returning client who has had	an intake, skip to how did you hear about this group.
Date of Birth: Age: Sex at birth: Male Female Intersex	
Gender: Cis-Male Cis-Female Transgender Female/Feminine Transgender Male/Masculine Genderqueer Pangender Other:	
Pronoun: He/Him/His She/Her/Hers Ze/Hir/Zirs/Hirs They/Them/Theirs	
Orientation: Asexual Bisexual Gay Gay/Lesbian Heterosexual/Straight Lesbian Pansexual Queer Questioning Don't Know Other:	
Ethnicity (optional - for statistical information only): Are you of Spanish/Latino(a) origin?	
If yes, Mexican, Mexican American, Chican Other/Multi Hispanic, Latino/a or Spanis	
Race (optional - for statistical information only): American Indian or Alaska Native Asian Black/African American Native Hawaiian/PI White Other, explain: Decline to Answer	
If Asian: Asian Indian Chinese Filipino Japanese Korean Vietnamese Other/Multi Asian	
How did you hear about this group?	and/or addiction: