## 2.3.7.11 ONLINE SUPPORT GROUP REGISTRATION FORM

Please Block Print  Initial contact / / / / / / / / / / / / / / / / / / /
Name:
Chosen Name:
Cell Phone: ( )
Email:
Preferred Method of Contact: Phone Email
☐ Montrose Center client ☐ Current or Returning Montrose Center client
Group Name:
Date of Birth:
Gender: ☐ cis-Male ☐ cis-Female ☐ Transgender Female/Feminine ☐ Transgender Male/Masculine ☐ Genderqueer ☐ Pangender ☐ Other:
<b>Pronoun:</b> 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, Chicano/a  Cuban  Puerto Rican  Other/Multi Hispanic, Latino/a or Spanish origin
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?

addiction: