

**M.D. Steer Speech-Language and Hearing Clinics
Demographic Survey & Emergency Contact Information**

Client's Name: _____

Date of birth: _____ **Phone:** _____

Address: _____

Which category best describes you? Purdue Faculty Purdue Student Community Member

Ethnicity: Hispanic or Latino Not Hispanic or Latino Prefer not to answer
(circle one)

Race: American Indian or Alaska Native Asian Black or African American Multiracial
(circle one)
Native Hawaiian or Other Pacific Islander White Prefer not to answer

Gender: Male Female Non-Binary prefer not to answer
(circle one)

Preferred Pronouns: _____

Preferred Language: _____

Additional languages spoken in the home: _____

Emergency Contact:

Name: _____ **Phone:** _____

Client's Physician: _____

Emergency Hospital preference: _____

Individuals authorized to pick up client (if applicable):

Name	Relationship