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DEMOGRAPHIC INFO: Please complete the form below. Family members include only those members who will be participating in the family/couple therapy with you. Thank you.

Name: _____ DOB: _____

1. What race(s) do you identify with?

SELF: _____

FAMILY MEMBERS: (please include name and relationship to self):

2. What ethnicity(ies) do you identify with?

SELF: _____

FAMILY MEMBERS: (please include name and relationship to self):

3. Which languages do you speak and what is your preferred language?

SELF: _____

FAMILY MEMBERS: (please include name and relationship to self):

