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 $Trinity counseling charlotte.com\ \underline{meliss atrinity counseling @gmail.com}$ 

## **CLIENT INFORMATION SHEET**

Last Name:	First Name:	Middle:	Maiden:	
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Social Security Number:	Number: Date of Birth/Age:		Gender/Race:	
Address:	City:	State:	Zip:	
County:	Ž		1	
Home Telephone:	Ce	Cell Telephone:		
Referral Source (name)	E-I	E-Mail Address		
Emergency Contact Name:	Relation: Home Te	elephone: Cell P	hone:	
	TION I			
ADDITIONAL INFORMATION				
Marital Status (circle one): Single (never married) Married Divorced Separated Widowed				
Living Arrangement (family, alone, roommate, significant other):				
Living Arrangement (rainity, alone, roommate, significant other).				
Education: Employer: How long?				
	1 7	C		
Number of NC DWI's:				
Reason for referral to Trinity Counseling Services LLC				
County of Arrest	Docket Nun	nhar		
County of Affest	Docket Null	noei		
*Driver's License/Customer	Number Breathalyz	zer Reading		
		8		
Arrest Date	Conviction	Date		