

INSIGHTS *in Recovery* FAX: 704-868-8313

CLIENT INFORMATION SHEET

Last Name:		First Name:		Middle:	Maiden:
Social Security Number:		Date of Birth/Age:		Gender/Race:	
Marital Status:		Address:		City:	State:
Zip:		County:		Referral Source (name)	
Home Telephone:	Cell Telephone:	E-Mail Address			
Emergency Contact Name:			Relation:		
Emergency Contact Home Telephone:			Emergency Contact Cell Phone:		

ADDITIONAL INFORMATION

Marital Status (circle one): Single (never married) Married Divorced Separated Widowed					
Living Arrangement (family, alone, roommate, significant other):			Education:		
Employer:			How long?		
Number of NC DWI's:					
Reason for referral to Insights in Recovery:					
County of Arrest				Docket Number	
Arrest Date				Breathalyzer Reading	
Conviction Date					