Please Complete all
AFFINITY CLINICAL SERVICES
5624 Executive Center Dr#105 Charlotte NC 28212

| | | | | |
|---|---|---|---|---|
| Print Name | First | | Print Middle | Last |
| Nickname | | | Maiden Name: | |
| Date of Birth: | | Age: | SSN: | Home phone# ( ) - |
| Email Address: | | | | |

| | | | | |
|---|---|---|---|---|
| Home Address: | Street<br>P.O. Box | | | Apt # |
| City | | State: | Zip Code: | County of Residence: |

**Sex:** Male ☐ Female ☐

**Race:** American Indian/Alaskan Native ☐ Asian ☐ African American/ Black ☐ Native Hawaiian/Other Pacific Islander ☐
White ☐ Mexican American ☐ Hispanic Other ☐ Specify _____

**Primary Language**: English ☐ Sign Language ☐ French ☐ Spanish ☐ other ☐ _____

**Marital Status:** Single/Never Married ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Unknown ☐

**Highest Level of Education:** Less than 6th grade ☐ Less than 9th grade ☐ Less than 12th grade ☐ Completed HS/GED ☐
Some College ☐ Bachelor's Degree ☐ Graduate or higher degree ☐

**Employment Status:** Full Time (35≥ per wk.) ☐ Part Time (<35 per wk.) ☐ Unemployment (looking for work in the last 30 days) ☐ Not in Labor Force/Disabled ☐ Unknown ☐

**Insurance:** Blue Cross/Blue Shield ☐ Medicaid ☐ Medicare ☐ None ☐ Other Insurance Type: ☐ Specify_____

**Your Arrest Date (s) if Known:**_____**Conviction Date if known:**_____

**Number of Prior DWI convictions**_____# of Driving While License Revoke_____ **Blood Alcohol Content (BAC)**_____

**County of Arrest**_____ Court Docket #_____ CR_____

Your Next or last Court Date_____ **What is your Conviction date** if you have been convicted_____

Probation Officer Name _____ Phone Number_____

Attorney: _____Phone: Fax: _____

Referral Source: Self/ No Referral ____ Family/Friends ____Other Outpatient & Residential non-state facility ____

Reason for seeking Treatment: _____

Emergency Support Person_____ Phone_____

**For DWI /DWLR Client Only**

**Your Driver's License number** _____ **State**_____

I voluntarily consent to assessment of my involvement with alcohol or other drugs or for other addictions. I affirm that the information I give is truthful and complete.

**Client Signature**: _____ Date: _____