



TRINITY COUNSELING SERVICES LLC

[melissatrinitycounseling@gmail.com](mailto:melissatrinitycounseling@gmail.com) melissatrinityburlington@gmail.com  
5820 E WT Harris Blvd Ste 120 Charlotte NC 28215 (704) 333 2446 (704) 333 2447  
508 Holly Hill Ln Ste 102-E Burlington NC 27215 (336) 270 4053  
Trinitycounselingcharlotte.com trinitycounselingservicesburlington.webs.com

**CLIENT INFORMATION SHEET**

Last Name:	First Name:	Middle:	Maiden:
Social Security Number:	Date of Birth/Age:	Gender/Race:	
Address:	City:	State:	Zip:
County:			
Home Telephone:		Cell Telephone:	
Referral Source (name)		E-Mail Address	
Emergency Contact Name:	Relation:	Home Telephone:	Cell Phone:
<b>ADDITIONAL INFORMATION</b>			
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 Trinity Counseling Services LLC			
County of Arrest		Docket Number	
*Driver's License/Customer Number		Breathalyzer Reading	
Arrest Date		Conviction Date \	



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