

Gambling Client Enrollment Record Abstracting Form

REFER TO DATA COLLECTION PROTOCOL BEFORE COMPLETING

**LEAVE NO BLANK FIELDS – REFER TO MANUAL:
UK-Unknown, NA-Does Not Apply, NC-Not Collected, CR-Client Refused**

1	Clinic/Provider ID: <input style="width: 100%; height: 20px;" type="text"/>	Client Case ID: <input style="width: 100%; height: 20px;" type="text"/>
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2	CLIENT NAME: Last <input style="width: 40%; height: 20px;" type="text"/>		First <input style="width: 40%; height: 20px;" type="text"/>		MI <input style="width: 20%; height: 20px;" type="text"/>
Birth <input style="width: 40%; height: 20px;" type="text"/>		DOB: <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/>		Gender: <input style="width: 20%; height: 20px;" type="text"/>	Ethnicity: <input style="width: 20%; height: 20px;" type="text"/>
County: <input style="width: 15%; height: 20px;" type="text"/> Zip Code: <input style="width: 15%; height: 20px;" type="text"/>		Access Source: <input style="width: 15%; height: 20px;" type="text"/>	Referral Source: <input style="width: 15%; height: 20px;" type="text"/>	Mandated: <input style="width: 20%; height: 20px;" type="text"/>	

3	First Contact Date: <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/>	First Available Date: <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/>	Enrollment Date: <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/>	Reason: <input style="width: 20%; height: 20px;" type="text"/>
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4	Education: <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/>	Marital Status: <input style="width: 15%; height: 20px;" type="text"/>	Living Arrangement: <input style="width: 15%; height: 20px;" type="text"/>	Dependents: <input style="width: 10%; height: 20px;" type="text"/> <input style="width: 10%; height: 20px;" type="text"/> <input style="width: 10%; height: 20px;" type="text"/> <input style="width: 10%; height: 20px;" type="text"/>	Housing: <input style="width: 20%; height: 20px;" type="text"/>
		<input style="width: 10%; height: 20px;" type="text"/> 0 - 5 <input style="width: 10%; height: 20px;" type="text"/> 6 - 17 <input style="width: 10%; height: 20px;" type="text"/> 18 - 64 <input style="width: 10%; height: 20px;" type="text"/> 65 +			

5	Health Insurance: <input style="width: 15%; height: 20px;" type="text"/>	Employment: <input style="width: 15%; height: 20px;" type="text"/>	Employability: <input style="width: 15%; height: 20px;" type="text"/>	Income Source: <input style="width: 15%; height: 20px;" type="text"/>	Monthly Household Income: <input style="width: 20%; height: 20px;" type="text"/>
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6	Gambling Debt: <input style="width: 40%; height: 20px;" type="text"/>	Age 1 st Gambled: <input style="width: 15%; height: 20px;" type="text"/>	Age Onset: <input style="width: 15%; height: 20px;" type="text"/>
Primary Gambling Activity: <input style="width: 40%; height: 20px;" type="text"/>		Type: <input style="width: 15%; height: 20px;" type="text"/>	Venue: <input style="width: 15%; height: 20px;" type="text"/> Jurisdiction: <input style="width: 15%; height: 20px;" type="text"/>
Secondary Gambling Activity: <input style="width: 40%; height: 20px;" type="text"/>		Type: <input style="width: 15%; height: 20px;" type="text"/>	Venue: <input style="width: 15%; height: 20px;" type="text"/> Jurisdiction: <input style="width: 15%; height: 20px;" type="text"/>

