

## Family Client Enrollment 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 type="text"/>	Family Client ID: <input type="text"/>
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2	CLIENT NAME: Last		First										MI									
	<input type="text"/>										<input type="text"/>										<input type="text"/>	
	Birth					DOB:					Gender:		Ethnicity:									
	<input type="text"/>					<input type="text"/>		<input type="text"/>			<input type="text"/>		<input type="text"/>									
County:		Zip Code:			Access Source:		Referral Source:					Mandated:										
<input type="text"/>		<input type="text"/>			<input type="text"/>		<input type="text"/>					<input type="text"/>										

3	First Contact Date:			First Available Date:			Enrollment Date:			Reason:	
	<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>	

4	Education:		Marital Status:		Living Arrangement:		Dependents:				Housing:	
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
						0 - 5	6 - 17		18 - 64		65 +	

5	Health Insurance:		Employment:		Employability:		Income Source:		Monthly Household Income:			
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>			

6	Diagnostic Impression:										
	Primary:		Secondary:		Substance Abuse:				Specifier:		
	<input type="text"/>		<input type="text"/>		<input type="text"/>				<input type="text"/>		
				Suicide:		Bankruptcy					
				<input type="text"/>		<input type="text"/>					

**FAMILY ENROLLMENT FORM** **Page 2**

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Treatment History:	Last Type Treatment	Concurrently Enrolled:	Self Help 12-Step
Gambling:			
Alcohol/Drug:			
Mental Health:			

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Gambler Case ID:	DOB:	Gender:	Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9

**COMPLETE THIS BOX ONLY WITH RELEASE FOR FOLLOW-UP**

Mailing Address:

City:  State:  Zip:

Home Phone:  Release Attached:

10

Primary Counselor:

11

PRINT Completed By: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_