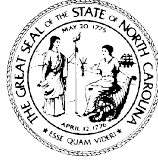


Client Information Transfer Sheet



NC Department of Health and Human Services
DMH/DD/SAS – NC DWI Services

Provider Name: _____ Facility Code: _____
Address: _____ City: _____ State: ____ Zip: _____
Information Transferred To: ____ From: ____ (<i>check one</i>) Facility Name: _____
Information to be Transferred / Requested Includes: (10a NCAC 27g .3811)
<input type="checkbox"/> Copy of <u>Signed</u> E508 Printout <input type="checkbox"/> Complete NC Motor Vehicle Record (MVR) and Other Applicable States. <input type="checkbox"/> Alcohol Concentration (BAC) and original citation (if available) <input type="checkbox"/> DSM-V Diagnosis and Other Assessment Information
Requested / Sent By: _____ Date: _____
Comments:
Note: Release of Information Signed by the Client MUST Accompany This Request.

Please place a copy of the completed form in client file for verification purposes.