

Office Use: ABSTRACT BITZER BLOOD TEST MEDICAL AUTH. SYSTEM#

SITZLER and SITZLER
1487 State Highway 38 West
Hainesport, NJ 08036

CONFIDENTIAL CLIENT CONSULTATION SHEET

Interview Date: _____

FULL NAME: _____ DOB: _____

COMPLETE ADDRESS: _____

City _____ State _____ Zip _____

Tel. Numbers: Work: _____ Home: _____ Cell: _____

Email address _____

SS #: _____

Drivers License Number _____ State Issued _____

Do You have a CDL: YES or NO

Employer _____ How Long _____

Do you have a professional license that may be effected by this arrest or conviction:

YES or NO What type? _____

Violation Information:

Municipal/County Court: _____

Warrant/Summons Numbers: _____

Date of Offense: _____ Court Date: _____

Offense(s) _____

DUI/DWI VIOLATION INFORMATION:

Please answer the following questions:

Which offense is this: 1 2 3 4 5 Breathalyzer Readings: . _____ % . _____ %

Did you refuse the breathe test? YES NO

Was blood and/or urine provided? YES NO

Did you have an accident? YES NO

Transported to the hospital by EMS? YES NO

Number of drinks and the types of alcohol consumed on the date of the stop:

Time period in which you consumed the drinks: _____ Where _____

Did you eat anything while drinking or prior to? If so what:

MEDICAL INFORMATION (Confidential):

Do you have any of the following medical and/or dental problems? Please check all that apply:

- Hiatal Hernia Vertigo Indigestion with burping/belching Diabetes
 Nerve Damage Plates Bridges Gum Disease Asthma Allergies
 Cold/Flu Gastritis Seizure Disorder High Blood Pressure Dentures
 Cardiac Problems Learning Disability Broken Teeth Tongue Piercing
Any injury to: Hips Knees Ankles Back Legs Feet

Do you take **any** type of medication, either over-the-counter products or prescribed medication? Please list the medications, including birth control pills, and the condition that you were taking them for:

Physician/Dentist Name: _____

Do you work with chemicals, and if so, please list the types of chemicals?

Is your work place properly ventilated? Yes No

PRIOR DUI/DWI OFFENSE INFORMATION

If this is **not** your first offense for **driving while intoxicated**, please provide the following information:

Name of previous court _____ Date of
offense _____ Guilty or Not Guilty

Fines _____

Were you represented by an attorney, and if so, who? _____

Additional driving while intoxicated conviction:

Name of previous court _____ Date of
offense _____ Guilty or Not Guilty

Fines _____ Were

you represented by an attorney, and if so, who? _____

DRUG OFFENSE(S) (If Applicable)

If a drug offense is also involved, what type of narcotics were found and in what quantity?

Is this your first offense? Yes No

If no, were you given a Conditional Discharge? Yes No

Were you represented by an attorney, and if so, who? _____

SUSPENDED LICENSE (If Applicable)

Is your license currently suspended? Yes No

If yes, what is the suspension for?

If this is not your first offense for driving while suspended, please provide the following information:

Name of previous court _____

Date of offense _____ Guilty or Not Guilty

Fines _____

Were you represented by an attorney, and if so, who? _____

If you were referred by someone, please let us know who _____

Interview Notes:

