

Empower Therapeutic Support Services LLC.

227 Colfax Ave N Ste 15. Minneapolis, MN 55405.

(612) 223.0373 Fax: (612) 781.2428

Date of Referral: _____
 County: _____
 Received By: _____
 Assigned To: _____
 (For office use only)

Intake Information

Client Information

Family Member	DOB	Age	Sex	Relationship	SS#	Race	Residence

Family Address: _____
City: _____
Zip Code: _____

Family Phone: _____
Work Phone: _____
Cell Phone: _____
Family Availability: _____
Legal Guardian: _____

Services to Be Provided

Please check all that apply.

Individual Outpatient Psychotherapy In Home? In Office?	
Family Outpatient Psychotherapy In Home? In Office?	
Group Psychotherapy In Home? In Office?	
Life Skills (Anoka Probation)	
Crisis Response (Anoka)	
Other:	

DA Provided? Y N

DA Codes: _____

Date of DA: _____

Insurance Information:

Payment Source

Medical Assistance	Insurance	County Contract
DA	DA	Contract Dates:
Outpatient	Outpatient	Hours Authorized:
Adult Mental	Insurance Co.	Self Pay
MA #:	ID #:	

Please include copies, front and back, of client's insurance card.
 Fax page 1 to: (651) 730.6657

Client Name:	
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Brief Description of Presenting Problem

Past Treatment, Court Involvement, and Placements

Education Status

Worker's/Families' Expectation

Other Professionals Involved

Cultural Considerations