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 if available.

Client Name:	

Brief Description of Presenting Problem

Past Treatment, Court Involvement, and Placements

Education Status

Worker's/Families' Expectation

Other Professionals Involved

Cultural Considerations