

PHOENIX RECOVERY PROGRAMS

rising from the ashes



Client Name:

Client Date of Birth:

Client Home Address:

Gender:

Parent/Guardian(s) Name:

Parent/Guardian Phone Number:

Client history of physical altercations? Yes: No:

Explain:

Client history of Sexual assaults or crimes? Yes: No:

Explain:

Client on probation or legal charges pending? Yes: No: PO/Phone

Explain:

Client received Rule 25/Comprehensive Assessment? Yes: No:

Assessment done by: Organization:

Date assessment was done: Phone Number:

Does the client have any mental health diagnosis, please list? Yes: No:

Insurance Information

Insurance Carrier:

County Funding (CCDTF, Rule 25, BHF funding)? Yes: No:

County Worker Name and Phone Number:

State Insurance Plan? Yes: No:

Commercial Insurance Plan (Through Employer or MNsure)? Yes: No:

Policy Holder Name and Date of Birth:

Please complete the information thoroughly to avoid delays in the review process. Admission approvals cannot be given without a recent assessment indicating the level of services needed. Fax form to Dave in admissions (651) 282-0579. If you have admission questions, Dave can be reached by phone at (651) 282-1210.