

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:

Explain:

Client received Rule 25 Assessment? Yes: No:

When was assessment:

Organization:

Assessment done by:

Phone Number:

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

Insurance Information

Insurance Name:

County Funding (CCDTF, Rule 25 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:

Fax to Admissions at (651) 282-0579