

EMPOWER RECOVERY SERVICES



INTAKE FORM

Name: _____
(First) (Last) (Middle Initial)

Birth Date: ____ / ____ / ____

Gender: Male Female Prefer not to answer

Social Security Number: _____

Address: _____
(Street and Number)

(City) (State) (Zip)

Home Phone: (_____) _____ May we leave a message? No Yes

Cell/Other Phone: (_____) _____ May we leave a message? No Yes

May we send text messages? No Yes (see below)

By indicating "yes," you consent to receive text messages from ERS regarding appointments, inquiries, updates, and other relevant information. Message frequency may vary. Message and data rates may apply. For assistance, contact empowerrecoveryervices@gmail.com, call (320) 629-0059, or reply HELP. To stop receiving messages, email or call ERS, or reply STOP. No further messages will be sent. For details, see our Client Privacy Policy (www.empowerrecoveryervices.org).

Referred by (if any): _____

Insurance Information:

Name of Provider: _____

Address: _____

Group#: _____

ID#: _____

Customer service phone number: _____

Probation Officer (if applicable): _____

County: _____ Phone#: _____

Other: _____
