

2575 Harvest Lane NW, P.O. Box 977, Owatonna, MN, 55060 Phone: (507) 446-0431 Fax: (651) 925-0337 Email: info@fernbrook.org

Intake/Registration

| | | | | Date: | | | |
|-----------------------------------|--------|------|---------------------------------------|--------|------|--|--|
| Client: | | | Date of Birth: | | | | |
| Address: | | | | | | | |
| City: | | | | | | | |
| Phone: | | | <u></u> | | | | |
| Email: | | | <u> </u> | | | | |
| If under the age of 18 | | | | | | | |
| Guardian: | | | Guardian: | | | | |
| Address:(if different than above) | | | Address: (if different than above) | | | | |
| City: | State: | Zip: | City: | State: | Zip: | | |
| Phone: | | | Phone: | | | | |
| Email: | | | Email: | | | | |
| Emergency contact:_ | | | Phone: | | | | |
| Culture/Ethnicity: | | | Primary Language | e: | | | |
| Insurance: Company Name: | | | | | | | |
| Company Phone: | | | | | | | |
| ID Number: | | | | | | | |
| Subscriber Name: | | | Subscriber DOB: | | | | |
| | | | | Zip: | | | |

| How did you hear about us: | | | | | | | | | | | | |
|----------------------------|----------------------|-------------|-------|-----|------------|------------|--------|--|--|--|--|--|
| ☐Doctor/Medical | □Employer □Family/Fr | | end | | mer Client | ☐ Internet | School | | | | | |
| ☐ Self-Referral | ☐ Social Ser | vice Agency | ☐ Sta | ıff | ☐ Website | Church | Radio | | | | | |
| Other | | | | | | | | | | | | |
| Reason for Referral: | | | | | | | | | | | | |
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