

Empowering Minds LLC.
Please Fax request to: 1(877) 912-6381
Phone# 651-260-6963
Email: butchg@empoweringminds.net



ILS Service Request

Referral Information

Name: _____ D.O.B _____
Phone: _____ Cell Phone: _____
Address: _____ City: _____
State: MN Zip: _____
Client MA # _____
Other Insurance _____
Criminal History? (Please Circle) Yes No Unknown

Additional Contact Information

Emergency Contact: _____
Phone: _____
Scheduling Contact: _____
Phone: _____

Referring Agency Information

Case Manager: _____
County/Agency: _____ Phone: _____
Waiver: (Circle one) CADI TBI
Client's Primary Diagnosis: _____ Onset date: _____
Secondary Diagnoses: _____
Special Medical
Concerns: _____

Number of ILS hours requested: Weekly _____ Monthly _____
ILS
Goals: _____

