

LIVING *in the* WAKE of ADDICTION



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Intake Form*

Please complete the form below, placing your responses in the blank boxes.

First Name		Last Name	
Address		City	
State/Province		Postal Code	
Country		Company	
Title		Home Phone	
Work Phone		Work Phone Extension	
Mobile Phone		Fax Phone	
Email		2 nd Email	
Occupation		Referred By	
Date of Birth		Marital Status	
Significant Other's Name		Anniversary	
Children's Names and Ages		Other pertinent or important information*	

* All personal information is confidential. Please feel free to add more information below or on an additional sheet.