

**Achieve Healthcare**

7850 Riverdale Drive, Suite D  
Ramsey, MN 55303  
Phone: 763-913-1325  
Fax: 866-726-3973

**Achieve Healthcare Client Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Assistance #: \_\_\_\_\_ (please circle) Blue Plus / Medica / UCare / Straight MA

Prepaid Health Plan ID (if applicable): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ (home, cell) Secondary Phone: \_\_\_\_\_ (home, cell)

Email Address: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Additional Diagnoses: \_\_\_\_\_, \_\_\_\_\_

Responsible Party (if other than client): \_\_\_\_\_

Primary Physician: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_ Clinic Fax: \_\_\_\_\_

Name of PCA(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Completed: \_\_\_\_\_