



CAROLINA THERAPY CONNECTION

1925 Turnbury Dr.
Greenville, NC 27858
(252) 341-9944 phone
(252) 439-0957 fax
info@carolinatherapyconnection.com

Patient Information Form

Please complete all information on this form

Client's Full Name: _____ Date of Birth: _____

Demographics

Mother's Name:	Address:	Employer:
Cell phone #:	Home phone #:	Work #:
Email Address:	Mother's date of birth:	
Mother's date of birth:	Mother's Social Security # (required for billing purposes):	
Father's Name:	Address:	Employer:
Cell phone #:	Home phone #:	Work #:
Email Address:	Father's date of birth:	
Father's date of birth:	Father's Social Security # (required for billing purposes):	
Emergency contact name and relationship:		Phone #:
Name of current school:		Grade:

Medical Information

Primary Care Physician:	Secondary Physician (any other professional medical reports should be sent to):	
Primary Insurance:	Secondary Insurance:	
Diagnosis:	Date Diagnosed:	
Present Medications:		
Birth Weight: _____ lbs. _____ oz.	Complications with delivery:	Weeks Gestation:
Surgeries (include date):		
Does your child have any adaptive/medical equipment: <input type="checkbox"/> no <input type="checkbox"/> yes (please explain):		
Does your child follow any special diet or have any feeding issues: <input type="checkbox"/> no <input type="checkbox"/> yes (please explain):		
Does your child have any allergies: <input type="checkbox"/> no <input type="checkbox"/> yes (please list):		
Other medical concerns/precautions:		
Describe any family history of developmental or learning concerns:		
Is your child currently receiving other therapy services or received in the past (where/when): <input type="checkbox"/> OT _____ Date _____ <input type="checkbox"/> PT _____ Date _____ <input type="checkbox"/> ST _____ Date _____ <input type="checkbox"/> Counseling/Psych _____ Date _____		

Therapy Goals

Please briefly describe your concerns and desired outcomes for your child

Occupational Therapy:
Physical Therapy:
Speech Therapy:
Educational Services:

Please enclose any other important evaluation/medical reports you may have