PO BOX 587, Lexington NC 27293
Phone (336) 236-6546 Fax (336) 236-9546
www.ot4kidsinc.com contact@ot4kidsinc.com

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| Lexington, NC 27293

PATIENT INFORMATION FORM

Patient's Name _____ Date _____

Address _____ Date of Birth _____

City _____ Sex Male Female _____

State _____ Social Security# _____ _____ _____

Name(s) of Parent or Guardian _____

Home Phone _____

Work Phone _____ Cell Phone _____

Referral Source _____

Agency _____

Phone Number _____

Fax Number _____

Reason For Referral _____

Has Patient received Occupational Therapy in the past ? _____

If yes, give details (therapist(s), date(s), location(s), etc...) _____

_____

Does the Patient currently receive any other therapy? _____

If yes, give details (therapist(s), date(s), location(s), etc...) _____

_____

MEDICAL INFORMATION

Diagnosis _____

Allergies _____

Current Medications _____

Primary Physician _____

Physician's Address _____

Physician's Phone Number _____

Physician's Fax Number _____

NOTES

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