



Interact Pediatric Therapy Services, PLLC

5603B W Friendly Ave. Ste #274 Greensboro, NC 27410

www.interactpeds.com

Referral/Intake form

Name: _____ DOB: _____

Parent/Guardian Names: _____

Address: _____ City _____ Zip _____

Phone Number: _____ Work Number: _____ Cell Phone Number: _____

E-mail: _____ Please circle preferred method of communication

Diagnosis (if known): _____

Primary Physician (Phone and Address): _____

Referring Physician (if different): _____

Other doctors and specialists who are involved in your child's care:

Name	Specialty	Phone Number

Service(s) requested: Speech Therapy _____ Occupational Therapy _____

How did you hear about Interact Pediatric Therapy Services?

Insurance Information:

Primary Insurance: _____ Name of Insured: _____

Insured SS #: _____ Member ID: _____ Group #: _____

Claims Address (found on back of card): _____

Customer Service #: _____

Secondary Insurance: _____ Name of Insured: _____

Member ID: _____ Group #: _____

Claims Address (found on back of card): _____

Cust Service #: _____ Medicaid Number: _____

Effective Date: _____