



New Patient Information Form

Date: _____

Child's Name: _____

DOB: _____ Age: _____ Sex: M/F

Child's Address: _____

Parents/Guardian Name: _____

Address: _____

Home phone: _____ Cell number: _____

Email address: _____

Referring Physician/Pediatrician: _____

Physician Phone Number: _____

Medical Diagnosis: _____

Insurance company (primary): _____

Policy Holder's Name: _____ DOB _____

Insured ID #: _____ Group #: _____

Policy # _____

Coverage- How many visits will insurance cover for your child to receive per year? _____

Deductible Amount: _____ Co-pay: _____

Does your plan require pre-authorization for OT/PT/SP visits? Yes _____ No _____

Is child covered another insurance policy? Yes/No

If so, please provide secondary insurance on back of this form.

PLEASE BRING YOUR INSURANCE CARD TO THE FIRST VISIT



New Patient Medical Information

Child's Name: _____ DOB: _____

Was your child born: _____ full term _____ premature...If so how many weeks? _____

Was your child placed in NICU following birth? _____ If so, for what reason(s) and how long?

Are your child's immunizations up to date? _____

Have your child's developmental milestones been met? If no, please explain: _____

List allergies:

Current medications:

Does your child use special equipment (ex. Braces, splints, adaptive utensils)?

Has your child received occupational/physical/speech therapy before? If so, for how long?

Date of last evaluation

What are main concerns with your child?

Is there anything else our therapists should know regarding your child that may assist us in working with them? (i.e. other concern, autism, behaviors, etc.)

Who lives in the home? _____

What are your child's strengths? _____

What are your child's interests? _____

Has your child experienced any major life events? (i.e. grief, divorce, etc.) If yes, please explain:

10862 Portage St NW
Canal Fulton, OH 44614
330-408-7575

Allergies



2714 Akron Road
Wooster, OH 44691
330-262-4449

Parent's Name: _____

Child's Name: _____

Emergency Number: _____

Allergies:

Other Information:
