



Pediatric Therapy Partners

PHYSICAL THERAPY • OCCUPATIONAL THERAPY • SPEECH-LANGUAGE THERAPY

3003 32nd Avenue South • Suite 9 • Fargo, ND 58103 • Phone 701.232.2340 • Fax 701.232.2330

www.PediatricTherapyPartners.com

Parent/Guardian Request Form for Services

Patient First Name: _____ Middle Name: _____ Last Name: _____

Birth Date: _____ Medical Provider: _____ Location of Provider: _____

Diagnosis/Concerns: _____

Parent(s)/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Business Phone: _____

Email: _____ How did you hear about PTP? _____

Insurance Information

Primary Insurance: _____ Policy/Group #: _____

Subscriber Name _____ Subscriber Date of Birth: _____

Secondary Insurance: _____ Policy/Group #: _____

Subscriber Name _____ Subscriber Date of Birth: _____

I would like my child to be evaluated for the following OT PT SLP Not Sure

I am particularly concerned about my child's:

<input type="checkbox"/> Balance	<input type="checkbox"/> Grasping	<input type="checkbox"/> Social Skills	<input type="checkbox"/> Walking
<input type="checkbox"/> Writing	<input type="checkbox"/> Communication	<input type="checkbox"/> Dressing	<input type="checkbox"/> Feeding
<input type="checkbox"/> Sitting	<input type="checkbox"/> Stuttering	<input type="checkbox"/> Coordination	<input type="checkbox"/> Clarity of Speech
<input type="checkbox"/> Attention Span	<input type="checkbox"/> Number of Words	<input type="checkbox"/> Other: _____	

Parent / Guardian Signature

Date

Fax form to 701-232-2330 or mail to Pediatric Therapy Partners 3003 32nd Ave S, Suite 9 Fargo, ND 58103