



FOR KIDS

phone 919-363-5000
fax 919-363-5346
2920 Ridgepine Drive
Apex, NC 27502

www.dynamictherapyforkids.com

PATIENT REGISTRATION

Date _____ Service requested PT _____ OT _____

Patient Name _____ DOB _____

Address _____ City _____ Zip _____

Parent/Caregiver Name _____

Home # _____ Cell # _____ Alternate # _____

Email Address: _____

Emergency/Alternate Contact _____

Relationship _____ Phone # _____

Child Service Coordinator _____ Phone# _____

Primary Pediatrician _____ Phone # _____

Primary diagnosis _____ Secondary diagnosis _____

Medicaid or NC Healthchoice Information

Medicaid Id # _____ Carolina Access Dr. _____

Private Insurance Information

Insurance Company Name _____

Subscriber ID _____ Group # _____

Primary Card Holder _____ Primary Cardholder B-day _____

Employer _____

Insurance Billing Address _____

Insurance Company Phone Number _____

If daycare, name/address of facility _____

Directions _____