Synaptic Pediatric Therapies, LLC.
Office: (972) 454-9309
Fax: (972) 338-9378
Info@SynapticPediatricTherapies.com
SynapticPediatricTherapies.com

Patient Information Form

Name : _____ Today's Date: _____

Date of Birth: _____

Sex: ☐ Male ☐ Female

Preferred contact method:

☐ Home Phone: _____

☐ Work Phone: _____

☐ Cell Phone: _____

☐ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Parent Name: _____

Parent Employer: _____

Primary Care Physician's Name: _____

How did you hear about this practice?

☐ Doctor

☐ Friend/Family Member

☐ Google / Yelp / Facebook

☐ Other (Insurance Website, etc...)

Insurance Information

Please email a copy/photo of insurance card to info@SynapticPediatricTherapies.com or bring with you to evaluation appointment!

Primary Insurance: _____

Member ID: _____

Group Number: _____

Phone Number: _____

Secondary Insurance: _____

Member ID: _____

Group Number: _____

Phone Number: _____

_____

Name of Person Completing This Form

_____

Relationship to Patient