



307 Upton Street  
Winston Salem, NC 27103  
336-837-4222 (phone)  
336-419-2755 (fax)

## Referral Form for Speech Therapy Services

Date: \_\_\_\_\_ Location Preference: **Winston Salem** **Kernersville**

### PATIENT INFORMATION:

Patient Name (first, last): \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

### RESPONSIBLE PARTY INFORMATION:

Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### INSURANCE INFORMATION:

Carrier Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Subscriber: \_\_\_\_\_

Subscriber DOB: \_\_\_\_\_ Patient Relationship to Subscriber: \_\_\_\_\_

### REFERRAL INFORMATION:

Referring Provider: \_\_\_\_\_ Individual NPI: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

**PLEASE FAX THIS FORM WITH CURRENT COPIES OF INSURANCE CARDS, CURRENT DEMOGRAPHIC FACE SHEET, AND ANY ASSOCIATED MEDICAL RECORDS. THANK YOU FOR YOUR REFERRAL.**