



Boulder Community Hospital

INTAKE FORM

Patient Name: _____

M F Date of Birth: _____

School and Grade: _____

School Phone: _____

School Contact: _____

Patient Address: _____

City: _____

ST: _____ Zip: _____

Patient home phone: _____

Mother's Name: _____

Mother's Address: _____

City: _____

ST: _____ Zip: _____

Mother's home phone: _____

Mother's work phone: _____

Mother's cell phone: _____

Mother's email: _____

Father's name: _____

Father's address: _____

City: _____

ST: _____ Zip: _____

Father's home phone: _____

Father's work phone: _____

Father's cell phone: _____

Father's email: _____

Referred by: _____

Physician: _____

Physician's phone: _____

Medical diagnosis: _____

Name of Insurance: _____

PPO, HMO, Other: _____

Group Number: _____

Subscriber Number: _____

Insurance Address: _____

Insurance Phone: _____

Insured (person who carries the plan):

Insured's date of birth: _____

Insured's SSN: _____

Insured's employer: _____

Employer's phone: _____

If Medicaid, county: _____



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Has child been evaluated or treated in the past 6 months? Yes No

If yes, please explain: _____

Has the child or siblings ever been seen at Mapleton Peds Rehab? Yes No

If yes, who was the Case Manager? _____

If parents are divorced, what is the child's living situation? (i.e., custody and visitation arrangements)

Reason for your call:

Please return to:

Mapleton Pediatric Rehab

Attention: Case Manager

P. O. Box 9130

Boulder, CO 80301-9130

Email: pedsintake@bch.org

When we receive this Intake Form, the Child and Family History Form and the Developmental Checklist, completed in full, a Case Manager will contact you within 3 business days.