



# Boulder Community Hospital

## INTAKE FORM

Patient Name: \_\_\_\_\_ Referred by: \_\_\_\_\_

M      F      Date of birth: \_\_\_\_\_ Physician: \_\_\_\_\_

School and Grade: \_\_\_\_\_ Physician's phone: \_\_\_\_\_

School Phone: \_\_\_\_\_ Medical diagnosis: \_\_\_\_\_

School Contact: \_\_\_\_\_ Name of Insurance: \_\_\_\_\_

Patient Address: \_\_\_\_\_ PPO, HMO, Other: \_\_\_\_\_

City: \_\_\_\_\_ Group Number: \_\_\_\_\_

ST \_\_\_\_\_ Zip \_\_\_\_\_ Subscriber ID Number: \_\_\_\_\_

Patient home phone: \_\_\_\_\_ Insurance address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Insurance phone: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ Insured (person who carries the plan):

State: \_\_\_\_\_ Zip: \_\_\_\_\_ \_\_\_\_\_

Mother's home phone: \_\_\_\_\_ Insured's date of birth: \_\_\_\_\_

Mother's work phone: \_\_\_\_\_ Insured's SSN: \_\_\_\_\_

Mother's cell phone: \_\_\_\_\_ Insured's employer: \_\_\_\_\_

Mother's email: \_\_\_\_\_ Employer's phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ If Medicaid, county: \_\_\_\_\_

Father's address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_

Father's work phone: \_\_\_\_\_

Father's cell phone: \_\_\_\_\_



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Father's email: \_\_\_\_\_

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: [pedsrehabintake@bch.org](mailto:pedsrehabintake@bch.org)



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**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.**