

Refer To			
<i>Name of Healthcare Provider</i> Strides of Strength Therapeutic Services		<i>Specialty</i> Physical or Occupational Therapy	
<i>Email</i> beth.gaston@stridesofstrength.org		<i>Preferred Phone Number</i> (803) 374-6255	
<i>Address</i> 2717 Gaston Farm Road.	<i>City</i> Chester	<i>State</i> SC	<i>Zip Code</i> 29706
Patient Information			
<i>First Name</i>	<i>Last Name</i>	<i>Date of Birth</i>	
<i>Email</i>		<i>Preferred Phone Number</i>	
<i>Diagnosis of Referring Healthcare Practitioner</i>			
<i>Medical History</i>			
<i>Family History</i>			
<i>Reason of Referral</i>			
<i>Additional Comments</i>			
Patient Insurance Information			
<i>Insurance Carrier</i>	<i>Insurance Plan</i>	<i>Contact Number</i>	
<i>Policy Number</i>	<i>Group Number</i>	<i>Social Security Number</i>	
Referring Clinician Information			
<i>First Name</i>		<i>Last Name</i>	<i>Specialty</i>
<i>Email</i>		<i>Preferred Phone Number</i>	