



140 East Main Street
1804 East Main Street
Radford, VA 24141
540-585-3075 (phone and fax)
Anna@spectrumtherapeutic.com

Please fill out this form completely and include a copy of the front and back of insurance card(s). Once completed, please email anna@spectrumtherapeutic.com. We recommend following up via phone or email when referral is made to ensure it is received.

Thank you for referring to us!

Date of Intake:

Referral source:

Individual Full Name:

Age:

Date of Birth:

Marital Status:

Gender: Male or Female

Race:

Parent(s)/Guardian:

Address:

Primary Phone:

Ok to Leave Message: Yes or No

School:

Grade:

School Schedule: (Days and times)

Diagnosis:

Date of Diagnosis:

Physician initially diagnosed:

Presenting Problem (maladaptive behaviors, communication and skill deficits):

- 1.
- 2.
- 3.

Insurance information:

Insurance Company Name:

Policy Number:

Policy Holder (full name):

Policy Holder date of birth:

Medicaid: Yes or No

If Yes, Medicaid number: