



INTAKE SHEET

<u>Date of Appointment:</u>
<u>With: Dr.</u>
<u>Request Type:</u>
<u>Primary Reason for Referral:</u>
<u>WCGA Member#:</u>
<u>Member's Name:</u>
<u>Member's Address:</u>
<u>Phone #:</u>
<u>DOB:</u> _____ <u>Gender:</u> _____
<u>Guardian Name/Ph:</u>
<u>Primary Care Physician:</u>
<u>*WCGA Provider #:</u>
<u>PCP Address and Ph #:</u>
<u>Specialist Info/Appt with:</u>
<u>Specialist's Ph#:</u>
<u>Date of Appointment and Time:</u>
<u>Presenting Site:</u>
<u>Presenting Site Phone Number:</u>
<u>Site Contact Coordinator:</u>
<u>*Appointment kept?</u>
<u>*Appointment info sent?</u>
<u>*Diagnosis:</u>
<u>*Notes:</u>
<u>Given by:</u> _____ <u>Date Requested:</u> _____

Please fax completed form to GPT at (912)-285-0938