

Overbrook School for the Blind
6333 Malvern Avenue
Philadelphia, PA 19151
Phone: 215-877-0313 x 231 Fax: 215-689-0137

STUDENT RECORD OF MEDICAL SPECIALISTS

Please date this form and fill in all appropriate contact information. Print clearly and return this information to the Overbrook School for the Blind Therapy Department.

Date: _____ Form completed by: _____

Please list a family member(s) name and phone number in the event the therapists have any questions or concerns:

Family member(s) name

Phone Number

Student's Name: _____ is receiving
medical care from the following:

1. Primary Care Doctor: _____

Address: _____

Phone #: _____

2. Insurance Company: _____

Address: _____

Phone #: _____

Policy Number: _____

Identification Number: _____

3. Eye Doctor: _____

Address: _____

Phone #: _____

4. Neurologist: _____

Address: _____

Phone #: _____

Student's Name: _____

5. Orthopedist: _____
Address: _____
Phone #: _____

6. Dentist: _____
Address: _____
Phone #: _____

7. Audiologist: _____
Address: _____
Phone #: _____

8. Ear-Nose-Throat Specialist: _____
Address: _____
Phone #: _____

9. Home Nursing: _____
Address: _____
Phone #: _____

10. Brace maker Name and Agency: _____
Address: _____
Phone #: _____

11. Wheelchair Provider
Contact: _____
Agency: _____
Address: _____
Phone #: _____

12. Feeding Clinic: _____
Address: _____
Phone #: _____

13. Other: _____
Address: _____
Phone #: _____

Student's Name: _____

14. Other Therapists: _____

Address: _____

Phone #: _____

15. Other Therapists: _____

Address: _____

Phone #: _____

16. Developmental Pediatrician: _____

Address: _____

Phone #: _____