

Integrative Developmental and Behavioral Pediatrics, LLC

Medical and Behavioral Care Provider Communication List

Communication between providers is essential to optimize care. Please provide contact information below about your child's care team to that we can communicate with them as needed. (Example: Naturopath, Acupuncturist, OT, SLP, PT, psychologist or other mental or behavioral health therapist). **In addition to the information below, please complete an ROI (Release of Information) for any provider with whom you would like us to communicate.**

Primary Care Physician _____

Would you like us to to send letters to this provider after appointments? Please circle one: Yes / No

Phone # _____ Fax # _____

Name _____

Would you like us to to send letters to this provider after appointments? Please circle one: Yes / No

Phone # _____ Fax # _____

Name _____

Would you like us to to send letters to this provider after appointments? Please circle one: Yes / No

Phone # _____ Fax # _____

Name _____

Would you like us to to send letters to this provider after appointments? Please circle one: Yes / No

Phone # _____ Fax # _____

Name _____

Would you like us to to send letters to this provider after appointments? Please circle one: Yes / No

Phone # _____ Fax # _____

Name _____

Would you like us to to send letters to this provider after appointments? Please circle one: Yes / No

Phone # _____ Fax # _____