



PEDIATRIC DAY HEALTH CENTER

PATIENT REFERRAL FORM

Please complete this form and submit along with THE MOST RECENT HISTORY AND PHYSICAL via fax at 832.240.3387 or via secure email to info@joycarekids.com

CLIENT INFORMATION

Child's Full Name: _____
 Date of Birth: _____ Sex (Circle One): Male Female
 Patient Address: _____
 City / State / Zip: _____
 Insurance / ID#: _____
 Diagnosis(es): _____
 ICD Code(s): _____
 Date of Last Visit: _____

PARENT INFORMATION:

Parent / Guardian: _____ Relationship: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____ Best Contact (Circle One): Home Cell Email

PROVIDER INFORMATION:

Physician Name: _____
 Physician NPI #: _____ Physician TPI #: _____
 Phone #: _____ Fax #: _____
 Physician Address: _____
 City / State / Zip: _____

The patient is being referred to be evaluated in the following areas (Please check all that apply):

- Nursing (Required for PPECC)
- Speech Therapy
- Occupational Therapy
- Physician Therapy
- Respiratory Therapy
- Other, Please Specify Below

If other: _____

Physician Signature: _____ Date: _____

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Prescribed Pediatric Extended Care Centers (PPECC) allow minors from 6 weeks to 20 years of age with medically complex conditions to receive daily medical care in a non-residential setting. When prescribed by a physician, minors can attend a PPECC to receive medical services such as nursing, speech therapy, physical therapy, occupational therapy and developmental services appropriate for their medical condition and developmental status. The minor MUST be stable for out patient medical services and require ongoing nursing care and other basic needs. Please feel free to contact us at 713-929-CARE (2273) for any questions.