



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: 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: Home Cell Email

PROVIDER INFORMATION:

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

Admission to Joycare **REQUIRES** a referral for skilled nursing care. If appropriate, check this box:

Skilled Nursing (Required for PPECC – Prescribed Pediatric Extended Care Center)

The patient is **ALSO** being referred to be evaluated in the following areas (Check all that apply):

- Physical Therapy Speech Therapy Occupational Therapy
 Other (Please specify): _____

Physician Signature: _____ Date: _____

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.