



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](mailto:info@joycarekids.com).**

### Client Information:

Child's Full Name: \_\_\_\_\_  
Patient Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex (circle): Male Female  
Insurance/ID#: \_\_\_\_\_  
Diagnosis (es): \_\_\_\_\_  
Date of Last Visit: \_\_\_\_\_  
ICD-10 Code (s): \_\_\_\_\_

### Parent Information:

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Best Home Cell Email  
Address: \_\_\_\_\_ Contact: \_\_\_\_\_

### Doctor Information:

Physician Name: \_\_\_\_\_  
Physician Address: \_\_\_\_\_  
Physician NPI#: \_\_\_\_\_ Physician TPI: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**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 (Specify): \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Prescribed Pediatric Extended Care Centers (PPECC) allow minors from 6 weeks to 20 years old 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 conditions and developmental status. The minor MUST be stable for outpatient medical services and require ongoing nursing care and other basic needs. Please contact us at 713.929.2273 if you have any questions.**