



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)

## PATIENT INFORMATION

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Insurance/ID#: \_\_\_\_\_

Diagnosis(es): \_\_\_\_\_

ICD Code(s): \_\_\_\_\_

Date of Last Visit: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Best Contact:  Home  Cell

## PROVIDER INFORMATION

Physician/Practice Name: \_\_\_\_\_

Physician NPI #: \_\_\_\_\_ Physician TPI #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Practice Contact: \_\_\_\_\_

**This referral is made because the patient requires skilled nursing care and may receive that care through a PPECC – Prescribed Pediatric Extended Care Center, such as Joycare.**

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

- Physical Therapy  Speech Therapy  Occupational Therapy

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 outpatient medical services and require ongoing nursing care and other basic needs. Please feel free to contact us at 713-929-CARE (2273) with any questions.