



Earth Angels Pediatric Day Center
Physician Referral form for PPECC

4 pages

Child's Name:

Referral Date:

DOB:

Gender:

Medicaid number:

Insurance company/MCO:

Legal Guardian's Name:

Phone:

Referring provider's name:

Referring provider's phone:

Referring provider's NPI:

License number (optional):

Recipient Criteria

A Medicaid recipient must meet all the following criteria.

Check all that apply:

- The recipient must be from birth up to age 21 years of age.
- The recipient must be considered medically fragile.



Medically fragile means the child has a complex condition characterized by multiple, significant medical problems requiring extended care.

- The recipient must require nursing supervision and may require therapeutic interventions during all or part of the day due to a medically complex situation.

Please check / circle all Medically Fragile conditions that may apply:

- Severe lung disease
 - Requiring oxygen, oxygen monitoring, CPT, chest vest
- Tracheostomy care
- Ventilator dependence
- Complicated Spina Bifida
 - Including but not limited to Neurogenic Bowel, Neurogenic Bladder
- Complicated Heart Disease
 - Including but not limited to children requiring cardiac monitoring
- Malignancy
 - Type
 - Stage
 - Date of diagnosis
- Asthmatic exacerbations requiring nebulizer treatments at least once per day, as needed
- Cystic Fibrosis exacerbations
- Neuromuscular Disease
- Encephalopathies
- Seizure Disorders
- Genetic Disorders
- Including but not limited to those children with NG-Tubes, Gastrostomies
- OTHER:

Please check / circle all medical monitoring and nurse supervision required for the recipient:

Respiratory

- Ventilator



- Tracheostomy care
 - Tracheostomy or oropharyngeal suctioning
- Bi-PAP or C-PAP use
- CPT – multiple times daily OR with a chest vest
- OTHER:

Gastrointestinal

- G-Button feeds
- G-Button medication administration
- NG-Tube feeds
- NG-Tube medication administration
- OTHER:

Developmental

- Global developmental delay
- Speech delay
- Gross motor delay
- Fine motor delay
- OTHER:

Endocrinologic

- Blood sugar checks with PRN Insulin administration
- Urine glucose checks
- OTHER:

Neurologic

- Seizure activity requiring PRN medication administration
- Seizure activity requiring PRN oxygen administration
- OTHER:



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Gento-Urinary

- Indwelling catheter
 - Catheterization by caregiver
- OTHER:

Medication administration

- IV administration
- IM administration – routine
- OTHER:

Circulatory

- OTHER:

Thank you for your referral!

Please fax to Earth Angels Pediatric Day Center at (682)-683-2453

Or

e-mail to Admin@earthangelspediatricdaycenter.com