



Please complete this form and submit along with the most recent History and Physical:
Fax: 1-713-481-2660 | Email: info@littlestarsppecc.com

REFERRAL FORM

CHILD'S 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: _____

PROVIDER INFORMATION

Physician / Practice Name: _____
Physician NPI #: _____ Physician TPI #: _____
Phone #: _____ Fax #: _____
Practice Contact Person: _____

PARENT / GUARDIAN INFORMATION

Parent / Guardian Name: _____
Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Email: _____
Best Contact Method: ☐ Home ☐ Cell

REASON FOR REFERRAL

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

The child is also being referred for evaluation 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 833-548-7827 with any questions.