

Directions: A Medical Provider (MD, NP, or PA) must complete this **ENTIRE** form and fax it to:

802-863-6344, Attn: Pediatric Palliative Care Program

Questions? Call the PPCP Nurse Program Coordinator at (802) 865-1312

REFERRAL REQUIREMENTS – The child must meet all of the below:

- Current Vermont resident
- Less than 21 years old
- Vermont Medicaid beneficiary
- Living with a life-threatening illness from which they may not live into adulthood

Please state the reason for referral:

You are encouraged to submit a letter of **medical necessity**. You may be contacted for additional information.

LEVEL OF CARE - Please complete all of the following questions:

- Is this a new diagnosis? Yes No
- Is the prognosis unclear? Yes No
- Are there complex care coordination needs? Yes No
- Is there concern for family strain or family coping? Yes No
- Is the family having difficulty managing the child's needs at home? Yes No
- Does the child have difficult-to-control physical or emotional symptoms? Yes No
- Does the family access the ED frequently (>once per month)? Yes No
- Has there been a poor response to treatment or increase in burden of treatments? Yes No
- Has there been a decline in function specific to activity or self-care? Yes No
- Has there been cognitive decline related to disease process? Yes No
- Has advanced care planning been started? Yes No

CHILD'S INFORMATION

Full Name		Parent/Guardian Name(s)		
Diagnosis			ICD-10 Code	Date of Diagnosis
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Age	Date of Birth	Medicaid ID No.	Primary Language: Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address				
City		State VT	Zip	Phone
Mailing Address, if different				

REFERRING PROVIDER INFORMATION

Full Name		Provider#	Practice Care Coordinator Name	
Practice Name & Address				
City		State	Zip	Phone

GOALS OF CARE – How would you describe the family's goals for their child? Check all that apply:

- Cure oriented
- Quality of life is most important
- No artificial life-prolonging measures
- Conversation has not taken place

MD/NP/PA Signature	Date	FOR VDH USE ONLY	
		Date Received	Initials

