



**PPEC PRE-ADMISSION PLAN**

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**PARENT / GUARDIAN NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_ **OTHER:** \_\_\_\_\_

**CURRENTLY IN HOSPITAL:**  **YES**  **NO** **Name of Hospital:** \_\_\_\_\_

**DIAGNOSIS:** \_\_\_\_\_

**MEDICAID #:** \_\_\_\_\_ **INSURANCE #:** \_\_\_\_\_

**DATE APPROVED TO START:** \_\_\_\_\_

**PRIOR TO ADMISSION THE FOLLOWING PAPERS MUST BE SIGNED AND RETURNED BY PARENT/GUARDIAN, AND/OR PHYSICIAN (AS INDICATED):**

- **TRANSPORTATION CRITERIA (Parents do not have to sign if child will be transported by parents)**
- **PHYSICIAN'S ORDERS**
- **ADMISSION PACKET**

**(CHILD CANNOT START PPEC UNTIL FORMS ARE SIGNED)**

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PPEC Admitting Personnel

Date: \_\_\_\_\_