



Prescribed Pediatric Center (PPC) Application Worksheet



Thank you for considering Prescribed Pediatric Center for the care of your child. Please take a few moments to tell us about your child:

My child's name is _____. He/she was born on _____, and is _____ years old.

My child lives at _____.

My child currently lives with: _____.

I can best be reached at the following number (s): _____

My child is currently experiencing the following medical/physical problems:

In the past my child has also experienced these other problems that you should be aware of:

My child has the following allergies: _____

My child takes these medications: _____

My child's diet consists of: _____

My child's physician is _____. He/she was last seen on: _____

My child also sees the following specialist (s) - (please include name and what your child is being seen for):

My child receives the following therapies: Physical Occupational Speech

My child's therapies are provided by (company): _____

My child has an Early Intervention Specialist: Yes No

If your child has an Early Intervention Specialist please tell us his/her name:

Please tell us what days and times you would like PPC to care for your child:

I would like my child to start at PPC on: _____

Is there anything else that you would like us to know about caring for your child?

Thank you again for your interest in PPC. This application may be returned to Prescribed Pediatrics at 1932 Birchwood Ave., Toledo, Ohio 43614. You may also fax the application to 419 530-6729 or email to kknight@annegrady.org. Applications may also be filled out online at <http://www.prescribedpediatrics.org>.

Prescribed Pediatrics—Where Nursing, Education, and Play come together.