

Pediatric Home Care Referral

Georgia Pediatric Program (GAPP) · Skilled nursing and personal care in the home, birth to 21
HEARTPATH HOME CARE · NPI 1356294094 · GA DCH PERMIT PHCP044638 · QUESTIONS: (404) 771-2570

1. PATIENT

CHILD'S FULL NAME

DATE OF BIRTH

GEORGIA MEDICAID NUMBER

PARENT OR GUARDIAN

BEST CONTACT NUMBER

PREFERRED LANGUAGE

2. CLINICAL PICTURE

PRIMARY DIAGNOSIS · BRIEF IS FINE

CHECK ALL THAT APPLY

- | | | | |
|---|---|--|---|
| ☐ Tracheostomy | ☐ Ventilator | ☐ Oxygen | ☐ Suctioning |
| ☐ G-tube or J-tube | ☐ NG tube | ☐ Seizure disorder | ☐ Apnea monitor |
| ☐ CPAP or BiPAP | ☐ Wheelchair / positioning | ☐ Transfers and lifting | ☐ Frequent hospitalization |

3. WHERE THE CHILD IS NOW

- ☐ At home ☐ NICU or PICU ☐ Other hospital, rehab or LTAC

FACILITY NAME, IF NOT AT HOME

ANTICIPATED DISCHARGE DATE

4. SERVICES REQUESTED

- ☐ Skilled nursing (RN or LPN) ☐ Personal Care Services ☐ Not sure, please screen

HOURS PER WEEK REQUESTED

SHIFT NEEDED (DAYS, NIGHTS, OVERNIGHTS, WEEKENDS)

ORDERS, PPOT OR FACE SHEET

- ☐ Attached ☐ Will follow ☐ Please request from our office

5. REFERRING PROVIDER

YOUR PRACTICE OR ORGANIZATION

REFERRING PHYSICIAN

YOUR NAME

YOUR ROLE

PHONE

FAX

EMAIL

SIGNATURE

DATE

What to expect from us

- 1 We acknowledge your referral the same business day, and reach the family right after.
- 2 We pick up from wherever this already is. If hours are authorized we work from your numbers. If nothing is filed yet, we handle the DMA-6 and DMA-80.
- 3 Within two business days you get a straight yes or no on whether we can staff the hours, including when the answer is no. Georgia Medicaid decides approval and authorized hours, not HeartPath.