

Pediatric Day Unit & Sedation Referral Form

ECU Health Medical Center P-Day Unit



PAS/Sedation Coordinator Phone: 252-847-2580, Opt. 1 Fax: 252-847-4065

P-Day Nurse Station: 252-816-3704

Please send H&P/clinic notes and copy of radiology orders with referral form. Appointments cannot be scheduled without radiology orders.

Date: _____ Patient Last Name: _____ Patient First Name: _____

Patient DOB: _____ Patient MRN: _____ Diagnosis: _____ ICD10 code: _____

Parent/Guardian name: _____ Phone: _____

Address: _____ Alternate phone: _____

Insurance company name: _____ Auth. # and expiration: _____

Required test or procedure: _____

Reason: _____

Date procedure needed: ASAP (within 3 days) First available Other: _____

Has this child been sedated at ECU Health Medical Center before? Yes No

If yes, by whom: Pediatric Sedation Team General Anesthesia Unknown

If deemed appropriate based on child's age and the procedure, is it okay to evaluate child, or discuss with family, the child's ability to have procedure performed without sedation? Yes No
If left blank, assumption will be yes.

Patient Medical History

Weight: _____ kg Height: _____ cm Does patient have an allergy to egg or soy? Yes No Unknown

Patient allergies: _____

Autism, ADHD or severe developmental delay? Yes No

Requesting Provider Information

Person completing form: _____ Requesting service contact #: _____

Requesting physician: _____ Physician contact # or pager #: _____