



Bradley Hospital
Lifespan. Delivering health with care.

PediPRN
Pediatric Psychiatry Resource
Network

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East Providence, RI 02915

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When making a PediPRN call, please be ready to provide the following information:

Provided by support staff or primary care provider

Practice Information

- Practice Name
- Primary Care Provider
- Provider Type
- Phone Number

Patient Information

- Patient Name
- Patient Gender
- Patient Date of Birth
- Patient /Family Phone Number
- Patient Race
- Patient Ethnicity: Hispanic or Latino
- Caregiver/guardian Name
- Living arrangements, DCYF involvement
- Patient's Town or City
- Patient Insurance
- Patient Insurance

Provided by primary care provider

Referral Information

- Reason for Contact – Primary Concern (What is the consult question?)
- History of Suicidal Ideation or Suicidal Attempt (PCP assessment of risk to self or others)
- Current Diagnosis
- Medications
- Relevant psychosocial history
- Patient **and** family psychiatric history
- Significant past medical history
- Any testing/screening/rating scales completed
- School name and grade
- School-related supportive services in place (e.g. IEP, 504 Plan, Self-contained classroom)
- Treatments already tried and why you think they didn't work