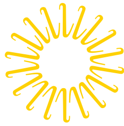

Bradley Hospital
A Lifespan Partner

PediPRN Enrollment Form

Practice Information

Practice Name: ______________________________

Practice Type: (Pediatrician, Family Practitioner, APRN, PA) ______________________________

Practice Address: ______________________________

Practice Phone: (back office preferred) ______________________________

Medical Director: ______________________________

Office Manager: ______________________________

Estimated total number of children as patients: ______________________________

Additional Sites:

Site 1 ______________________________

Site 2 ______________________________

Site 3 ______________________________

Agreement Information

1. We agree to participate in PediPRN.
2. We agree to complete periodic satisfaction surveys.
3. We agree to continue to manage behavioral health care of appropriate cases for the primary care setting following case-based consultation with the team.
4. We understand that the PediPRN psychiatric consultant will not be prescribing medications.

Signed: ______________________________ Date: ______________

Title: ______________________________

Please list all providers within your practice including doctors, physician assistants, and nurse practitioners.

Provider Name	Email Address	Full-time or Part-time

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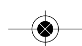
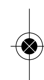
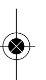
Pediatric Psychiatry Resource Network (PediPRN)
Bradley Hospital, 1011 Veterans Memorial Parkway, East Providence, RI 02915
Tel 401-432-1KID (1543) Email PediPRN@Lifespan.org



Provider Name	Email Address	Full-time or Part-time

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