Bradley Hospital
A Lifespan Partner

PediPRN Enrollment Form

Practice Information

Practice Name: _____

Practice Type: (Pediatric, family practitioners, ARNPs, PAs) _____

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 the 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 education 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

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