



Boston Children's Hospital

Where the world comes for answers



**HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL**

Complex Care Services (CCS)

300 Longwood Avenue, Mailstop 3077, Boston, MA 02115

P: (617) 355-6162 | F: (617) 730-0621

Complex Care Services (CCS) Clinic Criteria and Triage Form

The Complex Care Clinic at Boston Children's Hospital offers services through routine outpatient visits. Our service requires children we see to come to regular appointments where they can access resources within our program. This includes access to our providers.

Our program offers:

- Comprehensive medical assessments
- Provider-level communication between specialists
- Support for school-based needs
- DME and medication support
- Help with decision-making and transition to adult care
- Support with diagnosing, managing and navigating chronic medical needs

Children must have 3 or more active and chronic medical conditions to be followed through CCS. Each condition must require regular follow-up with Boston Children's. Most children also depend on medical technology like G-tubes, a trach/vent or other support.

Your child's demographic information

Date: _____

Boston Children's MRN _____

Patient name: _____

Date of birth: _____

Gender: ☐ Male / ☐ Female / ☐ Transgender

Primary language: _____

Interpreter needed? ☐ Yes / ☐ No

Address: _____

Phone number: _____ ☐ Cell ☐ Home

Contact person: _____ Phone: _____ Relationship to patient: _____

Primary insurance: _____ Member ID: _____

Referred by (Name, Institution, Department) _____ Phone: _____

Primary Care Physician (PCP): _____ Phone: _____

Is your child currently inpatient (in the hospital)? ☐ Yes ☐ No

If yes: Institution: _____ Expected date of discharge (leaving the hospital): _____

Diagnoses: _____

Reason for a referral

- ☐ Need for help with subspecialty referrals at Boston Children's
- ☐ Establishing care at Boston Children's
- ☐ One-time consultation/second opinion
- ☐ Help with managing medical complexity
- ☐ Finding gaps in care
- ☐ Frequent admissions

Current concern(s): _____

What are your main goals for having the Complex Care Clinic involved in your child's care?

(Example: improved communication between providers.)

Which areas of support are most important to you?

(Example: school-based needs, DME and prescription support, guardianship assistance, etc.)

Also, please let us know if you have any urgent concerns about things like upcoming surgeries, recent hospital discharges or anything else.

Medical technologies *(Please check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Tracheostomy +/- ventilator | <input type="checkbox"/> VAD, pacemaker or other indwelling cardiac technologies |
| <input type="checkbox"/> Home oxygen, CPAP or BiPap | <input type="checkbox"/> Ileostomy, colostomy |
| <input type="checkbox"/> Nasogastric or NJ tube, gastrostomy or GJ tube | <input type="checkbox"/> Vesicostomy or other forms of catheterization |
| <input type="checkbox"/> Central line (with/without parenteral nutrition) | <input type="checkbox"/> Cochlear implant |
| <input type="checkbox"/> VP shunt or other indwelling brain technologies (VNS,DBS) | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Baclofen pump | <input type="checkbox"/> None |
| <input type="checkbox"/> Peritoneal dialysis, hemodialysis | |

Equipment/educational assistance *(Please check all that apply)*

- ☐ Wheelchair or medical stroller
- ☐ Mobility assistance equipment (like a gait trainer), stander or other equipment. If not listed here, please list: _____
- ☐ Medical bed, Hoyer or other in-home modifications
- ☐ Bracing needs (AFO, SMO, TLSO or other). If not listed here, please list: _____
- ☐ Augmentative communication devices
- ☐ Services for PT, OT, Speech, Vision therapy or other. If not listed here, please list: _____
- ☐ Respiratory: Cough assist, nebulizer, home monitor, chest PT vest, suction machine
- ☐ Cardiac monitoring
- ☐ Other (please note): _____
- ☐ None

Is there currently an IEP in place: [] Yes [] No

FOR REFERRING MEDICAL PROVIDERS: Is the family aware of the referral to Complex Care? [] Yes [] No

Please note, families must be made aware of the referral to Complex Care by the referring provider/team prior to Complex Care staff connecting with the family.

Current specialists outside of Boston Children's

Specialty and reason for subspecialty care	Provider's name / institution	Office use only (records received)
	Provider: _____ Institution: _____	
	Provider: _____ Institution: _____	
	Provider: _____ Institution: _____	
	Provider: _____ Institution: _____	

Note: Please **fax** the most recent Discharge and Specialty Notes and/or Testing Results
if the patient is followed outside of Boston Children's Hospital

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