



Medical Professional Referral Form

Lily's Pad is a hyperclean, indoor play facility for children who are immunocompromised or considered vulnerable to illness due to a medical condition. Our facility is free to any qualifying child and their immediate family. If you have a child that you would like to recommend for play, please fill out the form below. You can also fill out this form online at <https://lilyspadaz.org/referral/>

Parent/Guardian Names:

Name of the Child:

Parent Contact Email:

Parent Contact Phone Number:

Name of Referring Medical Professional:

Medical Professional Phone Number:

Medical Professional Email:

Any Additional Information You Would Like to Provide Us:

By checking this box, I confirm that the child I am referring is considered vulnerable to illness due to a medical diagnosis or is immunocompromised.

By checking this box, I confirm that I am a medical professional (i.e. doctor, social worker, child life specialist, etc.) and by filling out this form, I am giving consent for communication between myself and Lily's Pad.

Once completed, this form can be emailed to Dawn Garza at dawn@lilyspadaz.org or mailed to: Lily's Pad, ATTN: Dawn Garza
3320 S. Priest Drive, Suite 4
Tempe, AZ 85282