



UR
MEDICINE

GOLISANO
CHILDREN'S HOSPITAL

Golisano Children's Hospital CARES Pediatric Complex Care Program

How to make a referral to the CARES Pediatric Complex Care Program

Complete the referral form below. Please include as much detail as possible, which will assist the **CARES Pediatric Complex Care Program** in verifying eligibility.

You may return the completed referral form directly to the **CARES Pediatric Complex Care Program** via secure fax, mail, or email using the following contact information:

Email: CARESPedsCC@URMC.Rochester.edu

Fax: (585) 742-4228

Mail: Christine M. Burns CARES Center
Pediatric Complex Care Program
601 Elmwood Avenue, Box 777
Rochester, NY 14642

Child/Youth Information

Child/Youth Name:	Date of Birth:
Gender:	Primary Language: Interpreter Needed? Yes/No
Legal Guardian Name (If applicable):	Relationship:
Preferred Phone Number:	Address:

Is the child/youth or legal guardian aware of the referral?

☐ Yes
☐ No

Does the child/youth or legal guardian have telemedicine capabilities? (Ie. access to Wi-Fi, Zoom)

☐ Yes
☐ No

Contact Information for Person Completing Referral

Referring Provider Name:	Title:
Phone:	Email:
Child/Youth PCP:	Date of Referral:

Is the child/youth technology dependent?

☐ Yes What type of technology? (example: trach, vent, G-tube, etc.) _____

☐ No

Is home nursing care involved?

☐ Yes Who is providing home nursing care? _____

☐ No

Please enter complex care needs and any pertinent patient information

[illegible]