

## 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** to verify 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	

## **Contact Information for Person Completing the 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	