



**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** 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**

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

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

☐ Yes

☐ No

**Contact Information for Person Completing the Referral**

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

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**

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