



Sign up for CareLink Today!

Keep track of your patient's care at Rady Children's electronically.

With CareLink at Rady Children's you can:

- Request a referral for your patient to Rady Children's. Using CareLink will eliminate the fax referral creation process and expedite the referral to our authorization team
- Make a new patient request for a patient that you want to refer to Rady Children's
- Check the status of a referral or a new patient message request for your patients
- Verify that your patients have received the care you requested
- Review the Rady Children's chart notes for your patients who have received care at Rady Children's
- Communicate with specialists and clinical teams electronically through the CareLink portal

Email Carelink@rchsd.org for information on how to sign up for CareLink.

Referral Form **Incomplete Form Cannot Be Processed**

Date: _____ No. of pages (including cover): _____

To: Rady Children's Specialists of San Diego
MPF Central Authorization Department

Fax: Routine Requests: 858-966-4051 or 858-966-8457 Medically Urgent Requests: 858-966-4946

Provider Referral Inquiry: 858-966-7546

Patient Appointment Scheduling: 858-966-5999

PATIENT INFORMATION Please check if new address or phone number

Patient Name: _____ Patient's Preferred Language: _____
 Gender: M F Patient DOB: _____ English Spanish Other:
 Patient Phone: _____ Translation needed
 Legal Guardian: _____
 INSURANCE: _____ (Please include copy of card if available) Appointment Type:
 Subscriber Name: _____ Routine/Non-Urgent
 Subscriber ID: _____ Subscriber DOB: _____ Appointment**
 (next available appointment)
PCP/REFERRING PHYSICIAN
 Physician's name: _____ Medically Urgent
 Phone: _____ Fax: _____ Appointment**
 Referral Coordinator: _____ (within 1-2 business days)

REFERRALS

	Referral 1	Referral 2	Referral 3
Referred to Dept./Specialty			
Diagnosis/Chief Complaint			
Additional information			
AUTHORIZATION #			

****SUPPORTING CLINICAL DOCUMENTATION IS REQUIRED (include notes, reports, labs, etc.)**

RCSSD Official use: (Fax back to referring Physician) RCHSD Referral # _____
 Appointment Date: _____ At: _____ AM/PM Scheduled With Dr. _____

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