



RMHC Alberta Family Referral Form: Please select which House this referral is for: **Edm **Cal****

Patient Information			
New Family		Returning Family	
Primary Language(s) Spoken:			
Patient Surname:		Patient Given Name:	
Sex: Male Female Unknown Prefer not to say	Date of birth or expected due date (YYYY-MM-DD):		
Diagnosis (please be as specific as possible):		Reason for Visit (i.e. surgery, appointments, please be as detailed as possible):	
Hospital:	Unit:	Status (choose one): Admitted Outpatient	
First Date Room is Needed YYYY-MM-DD:	Date of First Appointment YYYY-MM-DD:	Estimated length of stay:	
Has any family member recently had or been exposed to a communicable illness? <input type="checkbox"/> No <input type="checkbox"/> Yes, provide details:			
Additional Information			
Street Address:		City:	Province: Postal Code:
Home Phone:		Local Contact Phone:	
First Caregiver Surname:		First Caregiver Given Name:	
Relationship to Child:		Birth Date of Caregiver YYYY-MM-DD:	
Email Address:		Cell Phone:	
Second Caregiver Surname:		Second Caregiver Given Name:	
Relationship to Child:		Birth Date of Caregiver YYYY-MM-DD:	
Email Address:		Cell Phone:	
Other Family Members or Support People Staying			
Full Name	Relationship to Child	Birth Date YYYY-MM-DD	
Additional Information/Special Requests			
Method of Payment			
<input type="checkbox"/> Self-Payment	Agency, please specify: If funding is approved after a family begins their stay at RMHC Alberta or after they have checked out, please ensure that this information is shared with our Family Services team.		
Referring Medical Professional/Social Worker Information			
Name	Hospital:	Position:	
Phone:	Email:		
Additional contacts if applicable:	Preferred contact method:		Email Phone

Please note that only families who are considered to be suitable for communal living at RMHC Alberta should be referred to stay.

For **Edmonton** referrals, please send completed forms to:
familyservicesedmonton@rmhcalberta.org
or fax to **780-433-6201** when completed.

For **Calgary** referrals, please send completed forms to:
familyservicescalgary@rmhcalberta.org
or fax to **403-338-1277** when completed.