



RMHCA Edmonton Family Referral Form

Patient Information			
<input type="checkbox"/> New Family <input type="checkbox"/> Returning Family			
Patient Surname:		Patient Given Name:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unborn		Date of Birth:	
Diagnosis <i>(please be as specific as possible)</i> :		Reason for Visit <i>(i.e. surgery, appointments, please be as detailed as possible)</i> :	
Hospital:	Unit:	Status (choose one): <input type="checkbox"/> Admitted <input type="checkbox"/> Outpatient	
First Date Room is Needed:	Date of First Appointment:	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:	
Parent/Guardian Surname:		Parent/Guardian Given Name:	
Relationship to Child:		Birth Date of Parent/Guardian:	
Email Address:		Cell Phone:	
Parent/Guardian Surname:		Parent/Guardian Given Name:	
Relationship to Child:		Birth Date of Parent/Guardian:	
Email Address:		Cell Phone:	
Other Family Members Staying			
Full Name	Relationship to Child	Birth Date	
Additional Information/Special Requests (i.e. mobility or language considerations, etc.)			
Method of Payment			
<input type="checkbox"/> Self-Payment		<input type="checkbox"/> Agency, please specify:	
If funding is approved after a family begins their stay at RMHCNA 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:	
Edmonton Hospital Social Worker:		Preferred Confirmation Method: <input type="checkbox"/> Email <input type="checkbox"/> Telephone	

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

Please send completed forms to familyservices@rmhcna.org or fax to 780-433-6201 when completed.