



QUANTUM HOUSE REFERRAL FORM

Please fax or email to:

Megan Santana, VP of Family Programs and Operations

Fax: 561-494-0522 mtompson@quantumhouse.org

987 45th Street, West Palm Beach, FL 33407

Phone: 561-494-0515

www.quantumhouse.org

All information contained in this **registration form** is strictly confidential and will become part of our records.

PATIENT INFORMATION

Patient Name (Last, First, M.I.):	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Patient is in what department?	<input type="checkbox"/> PICU <input type="checkbox"/> NICU <input type="checkbox"/> PEDIATRICS <input type="checkbox"/> ICU <input type="checkbox"/> REHAB <input type="checkbox"/> PALEY INSTITUTE <input type="checkbox"/> Other _____	
Referring doctor/nurse name:	Contact phone #:	
Expected Length of treatment:	Diagnosis:	

GUEST OF QUANTUM HOUSE INFORMATION

Requested check-in date:	Requested check-out date:	Have you stayed at Quantum House in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No
Guest Name (Last, First, M.I.):	Relationship to patient: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> _____	
Contact information of guest	Address	DOB:
	City, State, Zip:	Driver's License #:
	Email:	County if from FL or Country:
Contact Phone #:	Alternate #:	Email:
Will you have a car parked on our campus? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tag:	Make: Model: Year:
Additional Guest Information - Guests staying in Quantum House must present a valid photo I.D. card upon check in. The room has one king bed and one twin bed.		
There is a four-person maximum in each guest room. Will there be any other guests staying in the room with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Guest name:	DOB:	Guest name: DOB:
Guest name:	DOB:	Guest name: DOB:
Emergency Contact Name:	Relationship to Emergency Contact:	Contact phone #:

QUANTUM HOUSE GUEST STAY AGREEMENT – INITIAL EACH LINE AFTER READING

I accept responsibility for any and all damages caused to Quantum House or its contents by me, any member of my family or my guests.	<input type="checkbox"/> _____
I understand that I enter Quantum House at my own risk and that Quantum House is not responsible for my possessions or any personal injury to me, any member of my family or my guests.	<input type="checkbox"/> _____
If I violate any of the rules and regulations, I understand I will be asked to vacate Quantum House, and I forfeit my privilege to stay at Quantum House in the future.	<input type="checkbox"/> _____
I understand alcohol, illegal drugs and smoking are NOT permitted in Quantum House or on the St. Mary's campus at any time.	<input type="checkbox"/> _____
I understand that Quantum House <u>does not</u> provide maid service and I am responsible for cleaning my guest suite daily and at check out.	<input type="checkbox"/> _____
I will be expected to thoroughly dust, vacuum & clean my entire guest suite including wash my own linens on a weekly basis.	<input type="checkbox"/> _____
At check out – I am expected to return the room to its original condition with the exception of the beds and towels. All dirty linens should be left in the assigned laundry basket and dropped off in the laundry room when you leave.	<input type="checkbox"/> _____
I understand that there is a \$45 per night, per room, guest donation to be paid weekly or if my stay is shorter than one week, pay at checkout.	<input type="checkbox"/> _____
If I do not stay overnight at Quantum House, I will be asked to vacate the room for someone who needs it.	<input type="checkbox"/> _____
I must provide a valid driver's license or valid photo ID to check in. A background check may be run on potential House guests.	<input type="checkbox"/> _____
I understand that no solicitation of any kind is permitted while staying at Quantum House.	<input type="checkbox"/> _____
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of guest:

Date:

Once this referral has been received, the Manager of Family Programs and Operations will check the availability and contact you to let you know if and when you can check in.