



QUANTUM HOUSE REFERRAL FORM

Please fax or email to:
 Megan Thompson, Manager of Family Programs and Operations
 Fax: 561-494-0522 mthompson@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 M F DOB: _____
 (Last, First, M.I.): _____

Patient is in what department? PICU NICU PEDIATRICS ICU REHAB PALEY INSTITUTE 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? Yes No

Guest Name (Last, First, M.I.): _____ Relationship to patient: Parent Grandparent _____

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? Yes 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? Yes 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. _____

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. _____

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. _____

I understand alcohol, illegal drugs and smoking are NOT permitted in Quantum House or on the St. Mary's campus at any time. _____

I understand that Quantum House does not provide maid service and I am responsible for cleaning my guest suite daily and at check out. _____

I will be expected to thoroughly dust, vacuum & clean my entire guest suite including wash my own linens on a weekly basis. _____

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. _____

I understand that there is a \$40 per night, per room, guest fee to be paid weekly or if my stay is shorter than one week, pay at checkout. _____

If I do not stay overnight at Quantum House, I will be asked to vacate the room for someone who needs it. _____

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. _____

I understand that no solicitation of any kind is permitted while staying at Quantum House. _____

Have you ever been convicted of a felony? Yes No

Signature of guest: _____ **Date:** _____

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