

Quantum House Guest Referral & Registration

Fax or Email back when completed to: 561-494-0522/ cmcknight@quantumhouse.org
901 45th Street West Palm Beach, FL 33408 www.quantumhouse.org

Department or Dr. Referred by:

Date family would like to check in: Check Out: Are you a new family to QH:

Patient Information

Patient Name: Birth Date: Sex: M / F

Expected Length of Stay: Diagnosis:

Guest Information

Guest Name: Relationship to Patient:

Address: City: State: Zip:

County if from Fl./or Country: Email Address:

Home Phone#: () Cell Phone #: () Emergency#: ()

Employer: Car: Make/Model/Color (to be parked at QH):

Maximum of 4 people in a guest suite, please give us the additional guest names ID Required for all guests:

1) Age: 2) Age: 3) Age:

Release Information (Please initial, sign and date)

Primary Guest, please read and sign:

I accept responsibility for any damages caused to Quantum House or its contents by me, or any member of my party Initial_____

I understand that I enter Quantum House at my own risk and that Quantum House is not responsible for my Possessions and/or personal injury to me, a member of my party. Failure to abide by Quantum House Rules and Regulations will result in my being asked to vacate Quantum House and the forfeiture of my privilege to stay at Quantum House in the future. Initial_____

Alcohol and/or illegal drugs & smoking are NOT permitted in Quantum House or on the campus at any time. Initial_____

I authorize the release of the any media or likeness of me taken at Quantum House or at St. Mary's Hospital by a Quantum House Staff member or myself. I grant this consent voluntarily and I understand that I will not be paid a fee for any of the above. Initial_____

I understand that Quantum House does not provide maid service and I am responsible for cleaning my guest suite weekly. 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 clean the room back to the condition it was in at check in 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. An inspection of your room will take place before you check out. Initial_____

There is a \$35.00 per night, per room, guest fee to be paid weekly. There is a \$20.00 key deposit due at check in. Initial_____

Guest Signature:

Date:

This section to be filled out by Quantum House Staff Only

Availability?:	Actual C/ In Date:	Room Assigned:	
Payment Date:	Payment Amt:	Payment Form: \$ V MC AX	Staff: