

ARMY FISHER HOUSE REFERRAL FORM

For Official Use Only - Protected by the Privacy Act



ELIGIBILITY REQUIREMENTS

Patient must be service member, retiree, veteran, or dependent of Service Member.

Family must be traveling 50 miles or more (unless patient is in the ICU/ NICU)

Patient may stay at Fisher House under certain circumstances:

- *Not permitted to stay alone
- *May not be discharged from hospital to the Fisher House.
- *Must not have any medical--equipment attached for administering meds or collection of bodily fluids.
- *Strictly at Manager's discretion

Patient and/or family members must not be currently contagious or infectious.

Check-ins after office hours, weekends, or holidays are done through the AOD at the information desk in the hospital (910) 907-6000

Referrals are not a reservation. Room availability is not guaranteed.

The Fisher House Manager is the approving authority for a stay at the Fisher House. Placement is on a case-by-case basis.

Email Completed forms to:
VIVIAN.L.WILSON.NAF@MAIL.MIL
(910)849-3466

FORM SUBMITTED BY:

Name:

Role:

Phone:

Date:

PATIENT INFORMATION

Name:		DOB/Age:
Status:	<i>Service Member/Veteran is also the sponsor (see below)</i>	<i>Dependent Other: (OCONUS only)</i>
Briefly describe procedure/surgery(dates):	Appointment w/date	Hospital / Location:
Treating Physician:		Ward/dept/section where patient is being treated:

FAMILY MEMBERS REQUESTING LODGING

Note: maximum # allowable per family varies by location.

Name (include age if under 18)	Relationship to patient	Phone #

Address:

Email:

Do family members have military IDs?	Expected date of arrival?
Is SM/family on orders?	Projected length of stay?
Will family have a vehicle here?	

Are there any special considerations we need to be aware of? ADA room needed.

MILITARY SPONSOR'S INFORMATION

Name & last 4 of SSN	Rank:	Phone:
Preferred Email:		Status
Unit & Duty Station		
Unit POC:	Phone:	Branch

FISHER HOUSE USE ONLY

Approved _____ Denied _____

Checked In: _____ By: _____

By: _____ Checked Out: _____ Room: _____

Reason for denial: _____ Vehicle Make & Model: _____

Color: _____ Plate #: _____