

ARMY FISHER HOUSE REFERRAL FORM - FORT CAMPBELL

For Official Use Only - Protected by the Privacy Act



Fort Campbell Fisher House
 652 Joel Drive
 Fort Campbell, KY 42223
 (270) 798-8330 office
 (270) 798-8804 fax
 www.fortcampbellfisherhouse.org

REQUESTING A ROOM

Providers, case managers, chaplains, or other hospital staff can assist with completing and forwarding this form for consideration via fax or encrypted email to:

wendy.j.carlston.naf@mail.mil

Please do not request lodging more than two weeks in advance.

If approved for a stay, you will be provided information via email regarding our check-in process.

Please note we do make reservations and will not confirm a room more than 48 hrs in advance of arrival.

Due to our shared living environment, anyone with a potentially contagious illness or infectious condition is NOT appropriate to stay in the house.

Patients are not permitted to stay at the Fisher Houses alone, nor can we allow those with medical equipment attached for the collection of bodily fluids.

FORM SUBMITTED BY:

Name:

Role:

Phone:

Date:

PATIENT INFORMATION

Name:

Status: *Service Member/Veteran* *Dependent* DOB/Age:
is also the sponsor (see below)

Briefly describe circumstances: This is a combat casualty.

Hospital:

Ward/dept/section where patient is being treated:

Treating Physician:

FAMILY MEMBERS REQUESTING LODGING

Note: Our guestrooms sleep 2 or 4 people. One extra person, depending on size/age, may be accommodated.

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: <small>(if different from patient)</small>	Rank:	Phone:
Preferred Email:	Status Branch	
Unit & Duty Station		
Unit POC:	Phone:	

FISHER HOUSE USE ONLY

Approved Denied

Checked In: _____ By: _____

By: _____ Checked Out: _____ Room: _____

Reason for denial: _____ Vehicle Make & Model: _____

Color: _____ Plate #: _____