



CONFIDENTIAL

Honour House Society

509 St. George Street New Westminster, BC V3L 1W1 Tel: 778-397-4399 Fax: 778-397-4396 e-mail: admin@honourhouse.ca

REFERRAL FORM

Date: _____

Applicant Information:

Name: _____

Organization or Service: _____

Mobile Phone: _____ Home Phone: _____

e-mail: _____

Home Address: _____

City: _____ Prov: _____ Postal Code: _____

Family member receiving medical treatment: (if different from Applicant)

Name: _____ Relationship: _____

Have any prospective guests had recent exposure to an infectious disease or contagious illness, which might compromise an individual with a lowered immune system? Yes No

Referring Agency Information:

Name of Referral Agent: _____

Rank or Title: _____

Organization or Service: _____

Unit/Station/Department: _____

Phone: _____ Fax: _____

Address: _____ City: _____

Prov: _____ Postal Code: _____ Email: _____

The applicant has recognized a need for medical care in Metro Vancouver

Signature of Referral Agent: _____

Guests will be admitted according to eligibility, room availability and acceptance of the Agreement and Conditions of Stay. Please be advised that pets are not permitted; smoking is not permitted inside Honour House; alcohol & illegal drugs are not permitted.

Honour House Staff Only – Approved by: _____ **Date:** _____