



Guest Referral Form

419 S. Hawthorne Road, Winston-Salem, NC 27103

PHONE: 336.723.0228 FAX: 336.723.0302

WEBSITE: rmhws.org

Medical Facility: WFBH FORSYTH OTHER _____

Today's Date: _____ Time: _____ Hospital Admission Date: _____

Expected Discharge Date: _____ Stayed at RMH WS before: yes no

Patient's First Name _____ Last Name _____ DOB _____

Unit/Room # _____ Patient's Gender _____ Home Phone _____

Home County _____ Address _____

City _____ State _____ Zip _____

Mother's Name _____ DOB _____ Cell Number _____

Father's Name _____ DOB _____ Cell Number _____

Date Room is Needed _____ Special Needs (no stairs, wheelchair, crib, etc.) _____

Who Are Expected Guests (no more than 5) _____ Name/Relationship to Patient _____

Referred by _____ Title _____ Phone/Pager # _____

Referring Unit: _____ Diagnosis: _____

Screening:

- Minor Parent- eligible, special guidelines apply
- CPS- ineligible
- Signs of Drugs / Alcohol-ineligible
- Signs of Domestic Violence-ineligible
- Behaviors inappropriate for communal living-ineligible
- Families who live in Forsyth County will be evaluated on a case-by-case basis and will only be considered under certain circumstances
 - **Please read Rules Agreement to family or give them a copy.**
 - **Inform family that they will need to present photo ID upon check in.**
 - **Inform family that a criminal background check will be done prior to / upon check in.**
 - **Remind family that there is a suggested \$10 per night donation, if possible.**
 - **RMH will call family two days before expected arrival to confirm.**

Check in hours: Mon-Fri 9 am—8 pm (8:30 for returning guests)

Saturday 9 am—1 pm (1:30 for returning guests) Sunday 2 pm—8 pm (8:30 for returning guests)