



Referral Form

(for MCLH waiting list)

MEDICAL CENTER LEAGUE HOUSE

7000 Amarillo Blvd. W., Amarillo, TX 79106 Phone 806-358-3759 Fax 806-353-3540

MCLH Staff only

Date Called

Time

To: Referring party

Re: Referrals for lodging at MCLH.

Please call to confirm availability before sending guests to the League House.

Please complete this form and fax to MCLH. **806-353-3540**

Please explain that we will put them on our **waiting list** due to our flexible check-out to accommodate hospital release dates, physician appointments, treatment schedules, etc.

Cover these points with the guests:

- Immediate family, caregivers and patients are welcome.
- We are not a "medical" facility and cannot provide medical attention, nursing or personal care.
- The rooms will accommodate a total of 4 guests, children included. Additional rooms will be necessary for more than 4 guests.
- Absolutely no smoking inside or within 50 feet of the building.
- We have a kitchen and dining area for guest to use. No food or drinks allowed in rooms except for water.
- No weapons, firearms or pets allowed in the building.
- Proof of identity is required for all adult guests staying in a room.

Primary Guest Information

Guest Names _____

City & State _____

Phones: Home _____ Cell _____

Circle Room Fee: Medical – \$45.00

Non-Medical – \$50.00

(Funerals, visiting those in nursing, retirement homes)

Handicap accessible room needed? Yes No Anticipated length of stay _____

Date guest will arrive? _____

Comments _____

Patient's or Resident's Name _____

Facility's Name _____

Will patient be staying at MCLH? _____

Referred by (name, title) _____

Phone _____ Fax _____