



Hope Lodge®

American Cancer Society Hope Lodge - Baltimore

636 W. Lexington, Baltimore, MD 21201
Phone: 410-547-2522 Fax: 410-539-8890

Hope Lodge Request Form: Complete ALL Fields and fax form to 410-539-8890.

The information on this form is kept in strict confidence and only used to ensure the safety and comfort of your stay at a Hope Lodge facility.

PATIENT INFORMATION

Personal First-time guest: Returning guest: Date of birth: _____ Gender: _____

Name: _____ Home phone: _____

Home address: _____ Cell phone: _____

City/State/Zip: _____ Email: _____

Optional patient information (for recording purposes only): Ethnicity: _____ Type of Insurance: _____

Caregiver's name: _____ Phone: _____ Relation to Patient: _____

Emergency contact: _____ Phone: _____ Relation to Patient: _____

Medical Information

Diagnosis/cancer site: _____ Date of diagnosis: _____

Treatment facility: _____ Type of treatment: _____

Treatment start date (current phase): _____ Requested arrival date: _____

Treatment end date (current phase): _____ Requested departure date: _____

Is this a transplant patient? Yes No Treatments per week: _____

Is the patient enrolled in a clinical trial? Yes No

Referring Party

Referring professional: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

Treating physician: _____ Phone/Pager: _____

Other

Does the patient...

1. have any infectious diseases or infectious-disease symptoms? Yes No
2. understand English? Yes No
3. have a service animal? Yes No
4. need a wheelchair accessible room? Yes No

Has the patient...

1. been convicted of a crime of violence, crime of domestic violence, crime against a child, crime of theft, or a crime involving illegal drugs? Yes No
2. on probation or parole? Yes No
3. have a civil protection order against them? Yes No
4. been required to register on the state or National Sex Offender Registry? Yes No

Does the caregiver...

1. have any infectious diseases or infectious-disease symptoms? Yes No
2. understand English? Yes No
3. have a service animal? Yes No
4. need a wheelchair accessible room? Yes No

Has the caregiver...

1. been convicted of a crime of violence, crime of domestic violence, crime against a child, crime of theft, or a crime involving illegal drugs? Yes No
2. on probation or parole? Yes No
3. have a civil protection order against them? Yes No
4. been required to register on the state or National Sex Offender Registry? Yes No

REFERRING PROFESSIONAL'S STATEMENT

As the referring source, I have reviewed the American Cancer Society's eligibility requirements with the patient and accurately documented his/her responses to the questions contained in this form. I have also explained the American Cancer Society guidelines and affirm that, to the best of my knowledge, the patient listed above does not have any infectious diseases or infectious-disease symptoms. Finally, I have explained the American Cancer Society Hope Lodge services to the patient, and I have obtained express authorization to disclose this information to the American Cancer Society for purposes of applicable follow up and referral to the Hope Lodge facility.

Referring Professional's name (please print): _____ Signature: _____ Date: _____

The American Cancer Society cares about your privacy and protects how we use your information. To view our full privacy policy or if you have any questions, please call us at 1-800-227-2345 or visit us online at cancer.org and click on the "privacy" link at the bottom of the page.