



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: <input type="checkbox"/>	Returning guest: <input type="checkbox"/>	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatments per week: _____
Is the patient enrolled in a clinical trial? <input type="checkbox"/> Yes <input type="checkbox"/> 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.