

## **REQUEST A ROOM FORM**

You can request a room at the RMHC Richmond online. A staff member at RMHC Richmond will contact you to complete your request. Please call 804-355-6517 if you have not heard from a staff member within 2 hours of completing this request.

	Stay	Info	rma	tion
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Today's Date:	Date of Arrival:	Length of Sta	y:	Number of Guests:		
		Days/Week	/Weeks Adults		Children:	
atient Informati	on					
Patient Name:		DOB	DOB:( must be 21 or younger)		Gender:	Referring Unit:
Hospital:		Diag	Diagnosis:		Physician:	
Referring Staff Member Name and Title:		e: Phor	Phone number:		Email	
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rimary Guest Inf		1			1 = 1	
Parent/Guardian Name:		Phor	Phone:		Relationship to Patient:	
Other Parent/Guardian Name:		Cell/	Cell/Alternate:		Relationship to Patient:	
Address:		City:	City:		State:	Zip:
ther Guests						I
Name:			Age: Rela		tionship:	

## **Special Needs?**

Does the family need transportation? YES or NO

Do any guests have any physical limitations that would prevent them from climbing stairs? Yes or No