

Respite Intake Fax Form

(This form is to be completed by the respite applicant's physicians)

To the referring physician:

Harmony House Respite Center is a residential facility offering a safe, clean place of respite for up to 17 homeless men with acute medical care needs: men who are expected to complete their outpatient recovery in 6 months.

Although Harmony House Respite Center is not a licensed medical facility and therefore cannot provide direct medical care, the facility is staffed with medically trained personnel to assist the physician in maintaining contact with the patient. We expect you to remain the primary physician for the resident during his stay at the Respite Center. In order to ensure the most appropriate care for each resident, we ask that you keep us apprised of the resident's medical recovery. The resident will bring a short Clinic Visit form to each appointment for you to complete or you may choose to call a member of our Health Services team and discuss your patient's progress at any time.

To simplify the intake process, we have created this Respite Intake Fax Form; it can be completed and faxed directly to RCA on duty, at Harmony House Respite Center at 713-237-1715. He will decide if we are equipped to meet the medical needs of your patient and will contact you with a timely determination.

.....

Patient Name: _____

Birth date: _____ Social Security # _____

Race/Ethnicity: Black Hispanic White American Indian
 Asian/Pacific Islander Other

Preferred language: English Spanish Other

Referring Physician: _____

Hospital / Clinic _____

Office Phone: _____ Pager: _____