THE BETHESDA FISHER HOUSE REFERRAL FORM

National Naval Medical Center, Bethesda, Maryland
Please print, complete, and fax form. Call to confirm receipt. Numbers below:
Fax: (301) 295-5632 Fax DSN: 295-5632
Phone: (301) 295-5334 Phone DSN: 295-5334
Hours: Monday – Friday, 7:30 a.m. – 4:00 p.m.

1. Lodging dates needed: From - _____ To - _____

2. Your name: _____ Phone:_____

3. PATIENT'S NAME: _____ DOB/Age:_____
(last) (first)

4. Patient's hosp floor: _____ Room #: _____ Phone: _____

5. Diagnosis: _____ Dept.:_____Surgery date: _____

6. Military sponsor: _____ SS#:_____ Paygrade: _____
(last) (first)

7. Sponsor status (circle): A☐ AF☐ CG☐ MC☐ N☑ Active Duty☑/ Retired☐ Funded orders for lodging? No

8. Sponsor station: _____

9. Permanent address:
_____
_____

10. Permanent phone: _____

11. Local or temporary address:
_____
_____

12. Local or temporary phone: _____

13 Names of family members or others who will be staying at Fisher Houses:

Name	Relationship to Patient	Age if under 18 years

14. Family can pay room fee of $10 per night? Yes _____ No _____
15. Does patient have family or friends in local area? Yes _____ No _____

16. Are children current with immunizations? Yes _____ No _____
17. Has any family member been exposed to a contagious illness? Yes _____ No _____

FAX FORM TO FISHER HOUSE: (301) 295-5632.
CALL FISHER HOUSE TO CONFIRM RECEIPT: (301) 295-5334.

Privacy Act Statement

Authority – 5 U.S.C.301. Departmental Regulations. N11101-4 (Station Housing Records)
Principle Purpose – To determine eligibility of out-of-town families of patients at the Nat'l Nav Med'l Ctr (NNMC), Bethesda for temporary lodging at NNMC Fisher Houses.
Routine Use – Information will be used to determine eligibility for & assignment of temporary lodging at Fisher Houses.
Disclosure – Voluntary, however, failure to provide the requested information may result in the applicant(s) being found ineligible.