

Referral form

To be completed by referring professional

Referring professional information

Name of referring professional _____

Office/organization name _____

Appointment date/time _____

Reason _____

Arrival date _____

Estimated length of stay _____

Email _____

Phone number _____

Who is paying for room; family or third party. Please provide contact information _____

Guest information

Name/age of child in care _____

Accompanying guardian _____

Other adult guest _____

Other children _____

Address _____

Email _____

Phone number _____

Allergies _____

Special requests _____

Identified barriers (Is this high risk, financial need, remote living, etc.)

Confirmation information

We will make every attempt to provide confirmation as early as possible. Given the nature of Q̓walayu House, availability can be difficult to determine, check out dates aren't always known in advance, and the House serves families experiencing unplanned emergencies. For this reason, room availability may not be confirmed until up to 24 hours prior. Please encourage families to continue exploring alternate plans for accommodation until their stay at the house has been confirmed.

Purpose

Q̓walayu House welcomes guest whose children (19 years of age or younger) are accessing health care services in Campbell River. The House was built to increase access to health care and is working to reduce barriers to improve health outcomes for children, youth, and their families.

Referring professional

Date