Brú Columbanus
home from home accommodation
for families of patients in Cork hospitals

BRÚ COLUMBANUS REFERRAL FORM

(To be completed by CNM, Staff Nurse or Social Worker in consultation with a family member)

Names of **ALL** family members requesting accommodation (up to 3) and relationship to patient.

Name	Relationship to Patient
1.	
2.	
3.	

Home Address:

Distance from the Hospital:

Home Telephone Number:

Estimated Length of Stay:

Mobile Number (of one family member): ____

Patient's Name: ____

Hospital: ____

Ward: ____

Telephone Number of Ward/Department: ____

Does the Patient have any infections disease at time of referral: Yes____No __________

Emergency Referral (accepted after 11.30am only in the case of critically ill patient):

Yes: _____ No: _____

Any Other Extenuating Circumstances with may be relevant (e.g. if relative is non – driver or has dependent children)

Name of Referrer and Position:
PLEASE PRINT ____

Signature of Referrer: ____

(This form is be faxed to Brú Columbanus **Fax: 021 4345798**)

Brú Columbanus Office is open Mon – Thur 8.30am – 4.30pm. Fri 8.30am - 4pm.
11am to 1pm Weekends and Bank Holidays (including Christmas Day)