

## Patient Information

This information is used for us to better minister to you while you are a part of Hope House Ministry and to better understand the journey you are on at this time. **\*\*Check in and out for Hope House Guests is done during Pastoral Care office hours--- Monday through Friday, 8:00 am to 5:00 pm. Weekends are reserved for family and worship. \*\***

Patient Name: \_\_\_\_\_ Age of patient: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Care Giver's Name: \_\_\_\_\_

Home address: (if different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Reason for Medical Treatment:** (Diagnosis also)

Give a summary of your medical history leading to your coming to Houston: Use another page if necessary.

Please share with us the type of treatment/procedures you will undergo while here in Houston.

How have previous treatment/surgeries affected your general health? How are the treatments/surgery that you are about to undergo predicted to affect your general health?

How long do your doctors say you will need to remain in Houston for this round of treatment/recovery?

Have your doctors given you limitations on travel distances from the hospital? Ie. Being no more than 30 minutes away from your hospital or treatment center (EX.MDA TCH, TIERR)

Since our church family will be ministering to you while you are here: How do you feel about their knowing your circumstances & health issues?

Do you have any food likes or dislikes or special dietary needs?

Do you expect your immune system (white blood cell count) to be lowered or endanger you to being susceptible to disease or infection? What have your doctors told you to expect, health wise and stamina, during your treatment?

Do you have other health conditions? (ie.,back, knee, hip pain or weakness; heart, lung issues; diabetes)

What is your greatest concern about coming to Houston for your treatment?

Who will be your caregiver/s and their relationship to you?

How can we best help you/minister to you and your family?

Please share with us your ages, birthdates and anniversary so that we may better minister to you and celebrate important days with you.

**Please list two references (non-family members):**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

*Please submit all Hope House Application Forms to  
[HopeHouse@HoustonsFirst.org](mailto:HopeHouse@HoustonsFirst.org)*