

# OK Kids Korral Referral Form

818 N.E. 8<sup>th</sup> Street, OKC, OK 73104  
ph: 405-271-6552 fax: 405-271-6221



- All information MUST be completed or referral will not be accepted.**
- Forms must be submitted by medical staff - families can not refer themselves.**
- Call Tracy Whitaker at 405-271-6552 x 30800 with questions.**

## **PATIENT INFORMATION - Social Worker completes this section**

Child/patient name: \_\_\_\_\_ Date: \_\_\_\_\_

**Patient must be 18 years or younger to qualify to stay at OK Kids Korral.**

Child/patient DOB: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Type of cancer: \_\_\_\_\_

Hospital: \_\_\_\_\_ Referral source: \_\_\_\_\_

Title: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Treating physician: \_\_\_\_\_ \*Neutropenic room Y: \_\_\_\_\_ N: \_\_\_\_\_

## **PATIENT'S FAMILY INFORMATION - Social Worker completes this section**

Guest(s) Names(s): \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Street: \_\_\_\_\_ County: \_\_\_\_\_

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

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Father's Employer: \_\_\_\_\_

**Parents who are minors must have a guardian with them to use OK Kids Korral.**

Parents over 18 yrs old Y: \_\_\_\_\_ N: \_\_\_\_\_ Open CPS Investigation Y: \_\_\_\_\_ N: \_\_\_\_\_

## **OK KIDS KORRAL ARRIVAL AND DEPARTURE INFORMATION - Social Worker completes this section**

Overnight guests - Check-in date: \_\_\_\_\_ Departure date: \_\_\_\_\_

Daytime suite guests - Check-in date: \_\_\_\_\_ how long are they in treatment \_\_\_\_\_

Number of adults: \_\_\_\_\_ Number of children: \_\_\_\_\_ Patient status-Inpatient: \_\_\_\_\_ Outpatient: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Primary language: \_\_\_\_\_

## **OK Kids Korral Staff use only - Do not write in the section below**

Room available at time of referral Y: \_\_\_\_\_ N: \_\_\_\_\_ Previous stays Y: \_\_\_\_\_ N: \_\_\_\_\_ Gift Basket: Y: \_\_\_\_\_ N: \_\_\_\_\_

Check-in date: \_\_\_\_\_ Check-in staff name: \_\_\_\_\_

Room # \_\_\_\_\_ # keys given: \_\_\_\_\_ Car make/model: \_\_\_\_\_

Check out date: \_\_\_\_\_ Check out staff name: \_\_\_\_\_

# of keys returned: \_\_\_\_\_ Passed inspection Y: \_\_\_\_\_ N: \_\_\_\_\_ Banned Y: \_\_\_\_\_ N: \_\_\_\_\_