



Please call 602-388-4920 with questions.

Room type based on availability.
Maximum 2 adults per room.

Patient must travel 40 or more miles
to the treatment facility.

There is a three (3) night minimum stay required.

To: Editha House

Address: 336 E. Willetta St, Phoenix, AZ 85004

Fax: 602-532-7062

Phone: 602-388-4920

From: _____

***IMPORTANT:**
Call to confirm fax was received.

Check-in is by appointment only between 8:00 am - 7:00 pm; M - F. Upon arrival, guest and caregiver must supply Editha House with a government-issued photo ID (State ID, Driver's License, VA Card, etc.) for admittance.

*To be completed by Referring Agent. All information must be filled out. **PLEASE PRINT CLEARLY.***

Referring Agent: _____ Title: _____

Phone: _____ Date of Referral: _____ Medical Facility: _____

As the referring source, I have reviewed the attached "Eligibility Requirements" with the patient and caregiver.

I agree with the above statement. Signature: _____

Signature of Referring Agent

Patient Information:

Name: _____ DOB: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Male/Female: _____ Home Phone: (____) _____ Cell Phone: (____) _____

Miles from Residence to Treatment Facility: _____ Email: _____

Diagnosis: _____ Treatment: _____

Name of Employer: _____

Are there any additional medical problems that may affect the patient's condition while staying at Editha House? (Please attach additional information if needed.) _____

Please circle one:

Patient speaks and/or understands English? YES / NO

Patient has an infectious disease or infectious disease symptoms? YES / NO

Patient has been convicted of a violent crime, domestic violence, crime against a child, theft, and/or illegal drugs?
YES / NO

Patient is on probation or parole? YES / NO

Patient has sought a civil order of protection? YES / NO (If yes, what were the details? Please attach explanation)

Patient has ever sought a civil order of protection? YES / NO (If yes, what were the details? Please attach explanation)

Has the patient been required to register on the state or National Sex Offender Registry? YES / NO

Is the patient a smoker? YES / NO

Does the patient carry a weapon? YES / NO

Treatment Start Date:_____ Treatment End Date:_____

Estimated Time of Arrival:_____

Treatment Facility:_____

Address:_____ City:_____ State:_____ Zip: _____

Patient's Doctor:_____

Phone: _____ Fax:_____ Email:_____

Address:_____ City:_____ State:_____ Zip: _____

Caregiver Information:

Caregiver Name: _____ DOB:_____/_____/_____

Address:_____ City:_____ State:_____ Zip: _____

Male/Female:_____ Home Phone: (_____)_____ Cell Phone: (_____)_____

Relationship to Guest:_____

Name of Employer:_____

Please circle one:

Caregiver speaks and/or understands English? YES / NO

Caregiver has an infectious disease or infectious disease symptoms? YES / NO

Caregiver has been convicted of a violent crime, domestic violence, crime against a child, theft and/or illegal drugs? YES / NO

Caregiver is on probation or parole? YES / NO

Caregiver has ever sought a civil protection? YES / NO

Has a civil order of protection ever been sought against caregiver? YES / NO (If yes, please what were the details? Please attach explanation)

Has the caregiver been required to register on the state or National Sex Offender Registry? YES / NO

Is the caregiver a smoker? YES / NO

Does the Caregiver carry a weapon? YES / NO

****Please allow up to 20 minutes for check-in and check-out.**

Editha House accepts all guests during the time that they are receiving active treatment. All individuals who meet the eligibility requirements are welcomed at Editha House, when room is available; regardless of race, creed, citizenship, disability, gender, gender identity, color, ethnicity, heritage, veteran status, economic status, or sexual orientation.