



Wesley Hospitality House

1129 Horseshoe Road
Elizabeth City, NC 27909
(252) 335-7117 • Fax (252) 335-7769
www.whh-nc.org

ROOM REQUEST

WHH Staff Name: _____ Room # Assigned: _____

Today's Date: _____ Date Room Needed: _____ (No more than 24 hours in advance)

Length of Stay: _____ How many guests will use the room? _____

Name of Guest: _____ Telephone: () _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Patient's Name: _____

Guest's relationship to Patient: _____

Name of Hospital/Facility: _____ Room #: _____

Name of Physician (if appropriate): _____

Name of person making referral: _____

Telephone or pager #: () _____ - _____

NOTES (disabilities, necessities, etc):

REFERRALS MAY ONLY BE TAKEN FROM HOSPITAL CHAPLAIN, SOCIAL WORKER, NURSE, DOCTOR'S OFFICE STAFF, OR NURSING HOME

If on waiting list, guest or referral person has be contacted about room availability?

Use of room confirmed? _____ Canceled? _____ No show?