



Inquiry Form

Date of Inquiry: _____

Name of person inquiring: _____

Phone #: _____ Email: _____

Relationship to potential participant: _____

Tour date requested: _____ Time of day: _____

How did you hear about us ? _____

Why are you interested in services ? _____

Type of services needed: _____

Number of days needed: _____ Transportation needed ? YES NO

Potential participant: _____

Birthday: _____ Age: _____ Married Single Widowed Divorced

Payer source: Private: _____ Government: _____ Other: _____

When would you like to start services? _____

Additional information that may be helpful: (amb status, continent of B&B, oxygen & dietary restrictions)

Follow up: Please date and sign:

Intake completed by: _____

Packet sent: _____

Tour completed: _____

Trial session: _____

Enrolled date: _____

Not enrolled and why: _____
