

REQUEST FOR GENERAL INFORMATION



Welcome! Please take a moment to complete the information below so that we may you with the appropriate information packet. Thank you.

Your Name:	Phone Home:
Address:	Work
	Cell
Email Address:	What is the best time to contact you? <input type="checkbox"/> AM (8-12) <input type="checkbox"/> PM (12-5) <input type="checkbox"/> Email
Please Provide us with a little information about the senior you are inquiring about.	
	Phone Home:
Address:	Would you like us to contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does this person know that you are looking for them? <input type="checkbox"/> Yes <input type="checkbox"/> No
Age: _____ Date of Birth: _____	Is this person a Veteran or Widow of a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Where are they currently staying? <input type="checkbox"/> Home <input type="checkbox"/> Family/Friend <input type="checkbox"/> Assisted Living <input type="checkbox"/> Hospital <input type="checkbox"/> Skilled Rehab (Transition) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Over 55 Community	
What Living Alternative are you looking for:	
<input type="checkbox"/> Retirement Living- Meals, housekeeping, laundry, transportation to appointments. You walk (with or without a device) and may need assistance with medications.	
<input type="checkbox"/> Assisted Living- All of the above plus special diets, medication administration, supervision for cognitive loss, assistance with toileting, dressing, bathing, sitting to standing. You do not require medication from 10:00pm to 7:00am.	
<input type="checkbox"/> Long-Term Living - All of the above, but you require 24-hour care and may need medication at night.	
<input type="checkbox"/> Skilled Rehabilitation (Transition) - You have been in the hospital and require further recovery from skilled professionals before you can go home safely.	
Please help us with our Efforts, How did you hear about Presidential Oaks? (Please check all that apply) <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> TV Ad <input type="checkbox"/> Doctor <input type="checkbox"/> Social Worker <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Website <input type="checkbox"/> Residents Here <input type="checkbox"/> Phone Book Cover <input type="checkbox"/> Well Known <input type="checkbox"/> Odd Fellow/Rebekah	
Thank you for your assistance.	
For Office Use Only:	
Date: _____ Time: _____ Initials: _____ # of packets left _____	
Packet Provided: _____ Was a tour given? <input type="checkbox"/> Yes <input type="checkbox"/> No, who: _____	