



Inquiry Card

Date: _____ How did you hear about us? _____

Name: _____ Phone: _____

Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Inquiring for: Self Friend Family Member: _____ Age: _____
(Relationship)

Who is currently living in: Own Home Family Rehab/Hospital Other _____

Potential Resident: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

Are you considering a move in 1-2 months 3-6 months 1 year or more

Assisted Living Independent Living Independent Living with Home Care



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(For Office Use Only)

Tour Date: _____ AL IL Private Companion

Inquiry Type: Call in Walk in Fax/Write in Appointment Other

Deposit Date: _____ **Schedule Move-in Date:** _____

Purpose of today's visit/call: _____

Current Situation: _____

Specific ADL Needs: _____

General Health: _____

Potential Resident Interests: _____

Inquirer Notes: _____

Primary Care Giver: _____ **Relationship** _____

Who is the Decision-Maker: _____ **Relationship** _____

_____ **Relationship** _____

Next Step/ Appointment _____

Sales/Marketing Rep _____ **Can we contact/mail information to Prospect?** _____

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