

## ARUM Prospect Inquiry Form (PIF)

	<b>Inquiry Date:</b> _____
<b>Client Name:</b> _____	<b>Caller Name:</b> _____
<b>Client Phone #:</b> (____) _____	<b>Caller Phone #:</b> (____) _____
<b>Referred By:</b> _____	<b>Email Address:</b> _____
<b>Relationship to Client:</b> _____	<b>Decision Maker:</b> _____

<b>Care Situation Notes:</b>

<b>SERVICES NEEDED:</b>		<b>Currently Using:</b>	
___ Companionship	___ Couples Care		___ Cane                      ___ Commode
___ Meal Preparation	___ Memory Loss Care		___ Disposable Depends    ___ Hoyer Lift
___ Light Housekeeping	___ 24-Hour Care		___ Hospice Services       ___ Scooter
___ Errands/ Transportation	___ Overnight Stays		___ Hospital Bed            ___ Hoyer Lift
___ Personal Care / Bathing	___ Live-In Care		___ Walker                    ___ Wheelchair
___ Medication Mgmt	___ Other: _____		___ Other:                      ___ Other:
<b>Is Person Ambulatory?</b>	<b>YES   NO</b>		
<b>Is Person Continent</b>	<b>YES   NO</b>		

<b>ASSESSMENT APPOINTMENT</b>	<b>MARKETING INFO SENT</b> <b>Date Sent</b> /    /
<b>Appt Date:</b> _____	<i>Brochure</i> / <i>Prospect Info Pack (PIP)</i>
<b>Time:</b> _____	<b>Sent to:</b> _____ Client    _____ Caller    _____ Other
<b>With:</b> _____	<b>Name:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
	<b>City/State/Zip:</b> _____
<b>Notes:</b> _____	<b>Follow Up Date:</b> _____

