

Getz Personal Care Home

Inquiry Lead Report

Date Of Inquiry: _____ Source of Inquiry: _____

Follow-Up Dates: _____

Inquirer

Name: _____ Relationship: _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Prospective Resident

Name: _____

Gender _____ Age _____ Marital Status _____ Veteran _____

Current Residence _____

How Long _____ Reason for leaving _____

Diagnosis/Background Information
