

# Cloverdale Manor Admission Inquiry

Date \_\_\_\_\_  Phone Call  Visit  
Staff Member \_\_\_\_\_

## Prospective Resident

Name \_\_\_\_\_

Age \_\_\_\_\_

Address \_\_\_\_\_

Gender \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

## Inquirer

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Responsible Party  Yes  No

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Email \_\_\_\_\_

## Notes

## Chronic/Current Diagnosis

Primary Physician \_\_\_\_\_

City \_\_\_\_\_

Phone Number \_\_\_\_\_

Prior to current incident did person live alone  Yes  No Wheelchair \_\_\_\_\_ Walker/Cane \_\_\_\_\_

Date of last hospital stay \_\_\_\_\_ Reason \_\_\_\_\_

Name of Hospital \_\_\_\_\_ City \_\_\_\_\_

Special Medical Conditions \_\_\_\_\_

Reason for Inquiry \_\_\_\_\_

## Follow-up

Tour \_\_\_\_\_

Welcome Booklet \_\_\_\_\_  Letter Sent \_\_\_\_\_  Phone Call \_\_\_\_\_

Proposed Room \_\_\_\_\_ Family Decision \_\_\_\_\_