



## Potential Resident Admission Inquiry

Today's Date: \_\_\_\_\_ Your Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
\_\_\_\_\_

Your relationship to the potential resident: \_\_\_\_\_

Potential Resident's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Present Location of Potential Resident: (circle one)

Home      Hospital      Personal Care      Other: \_\_\_\_\_

Long term goal for potential resident: (circle one)

Rehab and return home      Permanent placement      Other: \_\_\_\_\_

Payor Source(s): (please indicate all that apply)

Medicare      Medicaid      Health Insurance      LTC Insurance      Private Pay

Preferred type of room (circle one):    Private room      Semi-Private

How did you hear about us? \_\_\_\_\_

If you were referred, may we know by whom? \_\_\_\_\_

We look forward to meeting you in person and encourage you to visit us and submit the form in person. However if you prefer then you may also mail or fax it to;

Address: 1780 Old 41 Hwy NW, Kennesaw, GA 30152      Fax: 770-514-6831

Attention: Admissions Coordinator