



### **AUTUMN LEAVES INQUIRY FORM**

Date: \_\_\_\_\_

Name of Person Inquiring: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

Person needing a room: \_\_\_\_\_

Person's current living situation & address \_\_\_\_\_

Potential Residents Physician: \_\_\_\_\_

What diagnostics do they have? \_\_\_\_\_

Do they have Diabetes? \_\_\_\_\_ If yes, are they on Insulin/Pills? \_\_\_\_\_

What are their current medications? \_\_\_\_\_

Heart conditions/ COPD? \_\_\_\_\_

Are they on Oxygen? \_\_\_\_\_ Are they on scheduled or occasional updrafts? \_\_\_\_\_

Are they continent of B & B? \_\_\_\_\_

Do they need to wear protective undergarments? \_\_\_\_\_

Do they have any behavior problems? \_\_\_\_\_

Do they wander? \_\_\_\_\_ Do they have a POA of HC? \_\_\_\_\_ Has it been activated? \_\_\_\_\_

Do they have a Guardian? \_\_\_\_\_ Name of Guardian \_\_\_\_\_

Would you like to set up a meeting time? \_\_\_\_\_ Would you like us to send you more Information? \_\_\_\_\_

Send to: [admin@autumnleavesestate.com](mailto:admin@autumnleavesestate.com) or call 715-296-9127