**Enquiry Record Sheet**

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| **Details of the Enquirer** | |
| Name:\* |  |
| Address: |  |
| Telephone number:\* |  |
| **Re. Prospective Service User** | |
| Name (if different from above, and given): |  |
| Relationship of Service User to enquirer: |  |
| Address or location of **Service User**:\* |  |
| Telephone number: |  |
| Date of birth:\* | Age now: |
| Brief details of needs:\* | |
| Agreed dependency level:\* | |
| Agreed service and charge level:\* | |
| Long or short term service:\* | |
| Potential service commencement date:\* | |
| GP name address and telephone: | |
| Where did you hear of us?  Social Services? Hospital staff? GP? Friend? Yellow Pages? Other? | |
| Date of enquiry: | Enquiry taken by: |
| If required, use the back of this form for further details. | |
| Further action Required? (Specify): | |
| Send Information Pack? |  |
| Other action? (specify) |  |

**\*Essential information**