

**Rapid Response Form**

*Easy, confidential way to find out if Care Management will help you*

1. Are you inquiring about yourself? Y\_\_N\_\_
2. Are you inquiring about a friend or loved one? Y\_\_N\_\_
3. Are you overwhelmed trying to keep your own life in order while being responsible for every detail of a loved one's life? If so, how have you been managing?

\_\_\_\_\_

4. Would knowing someone is overseeing this person's care bring them or you peace of mind? Y\_\_N\_\_
5. Is the person needing Care Management now at home? Y\_\_N\_\_
6. Have they been told they need to move to Assisted Living or a Skilled Care Facility? Y\_\_N\_\_
7. Have they recently been hospitalized? Y\_\_N\_\_

Any other questions about Geriatric Care Management or our services.

\_\_\_\_\_  
\_\_\_\_\_

**Your name:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Telephone Number (Optional) if you prefer telephone response** \_\_\_\_\_

Best time to reach you by telephone. \_\_\_\_\_

You may type directly on this form and press "send" button or if you prefer, print out form and either fax (305.304.8485) or mail it back to us at 1200 Fourth Street # 154, Key West, FL 33040