



NEW CLIENT RESERVATION FORM

IF YOU NEED TO SCHEDULE AN APPT WITHIN 36 HOURS OR
YOU NEED TO CANCEL, PLEASE CALL (864) 332-5424.
OFFICE HOURS: 6:30 A.M. TO 5:30 P.M.

Clients Name: _____ DOB: ____/____/____
(FIRST NAME) (LAST NAME)

Home Address: _____
(STREET ADDRESS) (CITY) (STATE) (ZIP)

Sponsor / Subsidizing Agency: _____

Home Number: (____)____ - _____ Cell Number: (____)____ - _____

Email Address: _____

Mobility Aids: None Wheel Chair Crutches Cane White Cane Service Dog

Notes Regarding Required Assistance (if any): _____

Emergency Contact Name: _____ Relationship to Client: _____

Contact Number: (____)____ - _____

Notes regarding directions to client's home address (if any): _____

Facility Name: _____

Facility Address: _____
(STREET ADDRESS) (CITY) (STATE) (ZIP)

Earliest Arrival Time: ____: ____ AM/PM Latest Departure Time: ____: ____ AM/PM

Facility Number: (____)____ - _____

If a client has reoccurring appointments, please mark the days:
Going Trip: Sun Mon Tue Wed Thu Fri Sat
Return Trip: Sun Mon Tue Wed Thu Fri Sat

Notes regarding directions to the Facility's address and entrance: _____

Email completed form to kmoody@seniorsolutions-sc.org or fax to 864-447-3501.