Phone Script for Intake

Recover Care at Home, this is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. How can I help you?

If a potential client or lead calling about a potential client begin gathering information.

1. Ask open ended questions: Begin filling in the intake form.

* How can our agency help you today?
* Tell me what type of service you are interested in?
* Is there anything else you would want me to know?

1. Can I ask you a few questions to make sure we have all the right contact information? Lead Name, Phone, Client name, Client address, Client phone.
2. I would like to get a free consult with our nurse set up to discuss further how we can meet your needs.

* GOAL: Set up consult:

1. If wanting to know cost:

* First, let me tell you WHY we do what we do.
* If absolutely necessary, it is okay to quote costs over the phone, but we want to avoid this as possible so we have the opportunity to demonstrate our value in person

# **New Client Intake Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Client Name**: | | **Lead Name:** | | **Lead Relation to Client**: |
| **Lead Phone Number**: | **Intended Admission Date**: | | **How did you hear about us?**: | |

# **How can RC at Home help you today?**

|  |
| --- |
|  |

# **What type of services are you interested in?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HHA  Homemaker  PDN | | | | | | **Staffing to Begin**: | | | |
| **Schedule** | **MON** | **TUES** | **WED** | **THU** | | | **FRI** | **SAT** | **SUN** |
| from |  |  |  |  | | |  |  |  |
| to |  |  |  |  | | |  |  |  |
| Smoker  Non Smoker  Gender Preference  Male  Female  Pets in Home  Yes  No | | | | | **Transportation**  Uses Metro Mobility  Driver needed:  Client’s Car  Employee’s Car | | | | |

# **Is there anything else you would want me to know?**

|  |
| --- |
|  |

# **Demographics/Environment**

|  |  |
| --- | --- |
| **Full Client Address, if possible**: | |
| **Client Home City:** | **Client Home Zip Code**: |
| **Home Setting**:  Single Family Home  AL  IL  Condo/Townhome  Building Name (if applicable): | **Client Contact Information:**  Phone Number:  Email: |
| Lives alone  Lives with: | |

# **Are there any other home care providers involved?**

|  |
| --- |
| **Hospice**  Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Home Health Client?**  Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other:  Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# **GOAL:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Consult Scheduled?   |  |  | | --- | --- | | Date/Time: |  | | With: (will decision maker be present? |  | | Place: |  | | | |
| Lead will think about it and call us back; AE will follow up on: | RC team needs to call lead back regarding: | Other: |

# **Was the cost discussed? Any special rates to apply/consider?**

|  |
| --- |
|  |

# **Awareness of Private Pay Services**

|  |
| --- |
| Confirm client understands all services are private pay and insurance does not cover any pieces of services provided. LTCi may cover some cost and we can help provide supporting documentation, but will not bill LTCi directly.  Yes  No |