



Senior Move Managers Intake Form

CLIENT INFORMATION

Full Name: _____ Email Address: _____

Current Address: _____ Phone Number: _____

New Address (if known): _____

PRIMARY CONTACT (IF DIFFERENT FROM CLIENT)

Full Name: _____ Email Address: _____

Client Relationship: _____ Phone Number: _____

HEALTH & SAFETY CONSIDERATIONS

Mobility Concerns? Yes No

If yes, please describe: _____

Special medical equipment? : Yes No

Details: _____

Emergency Contact: _____

Phone Number: _____

MOVE DETAILS

Desired Move Date:

Current Housing Type: House Condo Apartment Assisted Living Other:

New Housing Type: House Condo Apartment Assisted Living Other: _____

Approximate Square Footage (current): _____

Approximate Square Footage (new): _____

SERVICES REQUESTED

- Real Estate Services/ List your Home
- Downsizing / Sorting
- Packing
- Move Coordination with Movers
- Unpacking / Set-Up
- Donation Coordination
- Junk Removal
- Space Planning / Floor Plan Assistance
- Other: _____

SPECIAL INSTRUCTIONS / NOTES

HOW DID YOU HEAR ABOUT US?

- Referral
- Online
- Community Event
- Other: _____

DISCLAIMER

Senior Move Managers act as coordinators, organizers, and support during the moving process. We are not responsible for the physical moving or transportation of items, and any third-party service providers (movers, cleaners, donation companies, etc.) are contracted separately. While every effort is made to ensure a safe and smooth transition, Senior Move Managers are not liable for damages or delays caused by third-party providers.