



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 medial 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: _____

DISCLAMER

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.