

TOUR INTAKE FORM

INTAKE DATE: _____

GROUP/INDIVIDUAL: (#of people) _____

CONTACT PERSON: _____

PHONE #: _____

ADDRESS: _____

REQUESTED OR SCHEDULED TOUR DATE: _____

TOUR REQUIREMENTS:

- Midwife Presentation
- One-on-one with Midwife
- Questions & Answers Session – with Midwife _____
With other staff _____
- Video
- Facility
- Handouts/Brochures
- Refreshments (tours from long distances)
- Other (please specify) _____

INTAKE COMPLETED BY: _____

SUPERVISOR'S SIGNATURE: _____

ASSIGNED TO: _____