

Date: _____

Referred by: _____

OFFICE INFORMATIONAL WORKSHEET

(All information on this form is considered confidential and not to be shared)

I. PERSONAL INFORMATION:

_____ -PAK Client

Name: _____

Date of Birth: _____ Male [] Female []

Please Print

M / D / Y

Address: _____

Phone1) _____ Phone2) _____

Address: _____

E-Mail: _____

City: _____ State: _____ Zip: _____ Country: _____

** Person# 2: _____ Date of Birth: _____ Male [] Female []

Form of Pmt: _____

II. TRAVEL INFO:

1 – The longest trip this person would travel to: _____ (store, doctor, outing, etc)?

2 – The shortest trip this person would travel to: _____ (store, doctor, outing, etc)?

3 – How many times approximately per: **Week** _____ **Month** _____ **Other** _____

4 – Is an escort needed? **Yes:** _____ **No:** _____ **Sometimes:** _____ (other than no, explain) _____

5 – Is a companion needed? **Yes** ___ **No** ___ How often? **Sometimes** ___ **Most times** ___ **Always** ___

Explain WHY: _____

III. WE HAVE 5 TYPES OF PLAN.

- Type 1 Plan – Cash (pay as you go)
- Type 2 Plan – Credit Card on File (we charge every time you use our service)
- Type 3 Plan – 10-PAK (purchase 10 one way trips at a small discount per trip price)
- Type 4 Plan – 20-PAK (purchase 20 one way trips for a much larger discount per trip)
- Type 5 Plan – Monthly (pay monthly for bigger discount per trip and much, much more)

Any additional information could help us with our proposal to you _____

Date of call: _____ Time: _____ Approx. Date & Time to return call: _____

- **All requests will be returned no later than 2 day after receive of call.**
- **Mail to:** OHE Services, LLC 1056 Puu Alani Way, Pearl City, Hawaii 96782-2761