**POTENTIAL REFERRAL SOURCE QUESTIONNAIRE**

Facility Number: (#\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 City, State

1. Is Landlord an individual or entity that is in any way involved in the healthcare business, including, but not limited to, a **physician; physician group; hospital; nursing home; home health agency; or manufacturer, distributor or supplier of healthcare products or pharmaceuticals**;

          Yes                              No

1. Is the immediate family member of the Landlord an individual involved in the healthcare business, or

          Yes                              No

1. Is the Landlord an individual or entity that directly or indirectly owns or is owned by a healthcare-related entity; or

          Yes                              No

1. Is the Landlord an entity directly or indirectly owned by an individual in the healthcare business or an immediate family member of such an individual?

          Yes                              No

If the answer to any of the above is yes, please explain. Include the name and email address of any individual involved in the healthcare business.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Name of Landlord)

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_