







ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

QUESTIONNAIRE COMPLETED BY:

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
FACILITY / COUNTY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
DATE: \_\_\_\_\_

Upon completion please return via fax or mail to:

Advanced Correctional Healthcare  
4625 N university  
Peoria, IL 61614  
Fax: 309-692-8106

This information is confidential and will be used for internal purposes only.