

Today's Date: _____

PERSONAL INFORMATION

	Client	Spouse/Significant Other
Full Legal Name		
Preferred Name		
Home Street Address		
City, State, Zip		
Home Phone		
Cell Phone		
Email Address		
Date of Birth		
SSN		
Medicare Part A Date		
Medicare Part B Date		
Medicare Number		
PACE, PACENET, or Extra Help?		
Marital Status		
Are you a smoker? If former smoker, how long since you quit?		
Grandchild Information	(1) Name: Age: Parents: (2) Name: Age: Parents:	(1) Name: Age: Parents: (2) Name: Age: Parents:

INSURANCE INFORMATION

Health Insurance						
Insured	Company	Policy Number	Policy Date	Face Amount	Annual Premium	Beneficiary
Prescription Drug Coverage						
Insured	Company	Policy Number	Policy Date	Face Amount	Annual Premium	Beneficiary
Dental/Vision/Hearing						
Insured	Company	Policy Number	Policy Date	Face Amount	Annual Premium	Beneficiary
Life Insurance (Permanent, Term, LTC, Final Expense, etc.)						
Insured	Company	Policy Number	Policy Date	Face Amount	Annual Premium	Beneficiary
Other Types of Insurance						
Insured	Company	Policy Number	Policy Date	Face Amount	Annual Premium	Beneficiary

INVESTMENT INFORMATION

	Institution	Current Value	Current Interest Rate	Beneficiary
401(k)/403(b)/Keogh/SEP				
Traditional/Roth IRA				
Pension				
Annuities				
Mutual Funds				
Savings/CDs				
Checking/Money Market				

HEALTH PROFILE

	Client	Spouse/Significant Other
Do you have any health conditions? If yes, please specify and include additional information below.	(1) Health Condition: Age of Onset: Additional Details: Prognosis: (2) Health Condition: Age of Onset: Additional Details: Prognosis:	(1) Health Condition: Age of Onset: Additional Details: Prognosis: (2) Health Condition: Age of Onset: Additional Details: Prognosis:
Medications—Please list all medications and dosages you are currently taking.		

ADDITIONAL COMMENTS: