



BASIC CLIENT INFORMATION WORKSHEET

Client's Full Legal Name _____

Client's Nickname _____

Client's Phone Numbers: Cell _____

Home _____

Work _____

Client's Primary Email Address _____

Client's Mailing Address _____

Client's Date of Birth _____

Client's Social Security Number _____

Client's Medicare Number _____

How did you hear about us? _____

Who is the primary contact person regarding future appointments for this client?

Phone number for this contact person: _____

Does client or their spouse/partner currently have any of the following

Estate Planning Documents?

Durable Power of Attorney Y__ N__ Health Care Directive Y__ N__

Living Will Y__ N__ Guardianship Documents Y__ N__

Last Will and Testament Y__ N__ Trust Agreements Y__ N__

Nuptial Agreements Y__ N__ Succession Plans Y__ N__

FAMILY MEMBERS

Spouse's/Partner's Full Legal Name _____

Spouse's/Partner's Nickname _____

Spouse's/Partner's Phone Numbers: Home _____

Cell _____

Work _____

Spouse's/Partner's Primary Email Address _____

Spouse's/Partner's Mailing Address _____

Spouse's/Partner's Date of Birth _____

Spouse's/Partner's Social Security Number _____

Spouse's/Partner's Medicare Number _____

Child's Full Legal Name _____

Telephone Number _____

Email Address _____

Address _____

Is this child your joint child? Y __ N __ who is the child's parent? _____

Does the child live with you? Y __ N __ How long? _____

Is the child dependent on you? Y __ N __ How long? _____

Child's Full Legal Name _____

Telephone Number _____

Email Address _____

Address _____

Is this child your joint child? Y __ N __ who is the child's parent? _____

Does the child live with you? Y __ N __ How long? _____

Is the child dependent on you? Y __ N __ How long? _____

Child's Full Legal Name _____

Telephone Number _____

Email Address _____

Address _____

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Telephone Number _____

Email Address _____

Address _____

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Does the child live with you? Y _ N _ How long? _____

Is the child dependent on you? Y _ N _ How long? _____

Child's Full Legal Name _____

Telephone Number _____

Email Address _____

Address _____

Is this child your joint child? Y _ N _ who is the child's parent? _____

Does the child live with you? Y _ N _ How long? _____

Is the child dependent on you? Y _ N _ How long? _____

For any additional children, please print additional forms or write on the back of this one.

HEALTH CONSIDERATIONS

Does the client have any current medical diagnoses? Y __ N __

If yes, please briefly describe.

Does the client's spouse/partner have any current medical diagnoses? Y __ N __

If yes, please briefly describe.
