

ESTATE PLAN/ELDER LAW CLIENT

DATE: \_\_\_\_\_

CLIENT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PERMISSION TO ADD TO OUR EMAIL LIST?  YES  NO

SPOUSE'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PERMISSION TO ADD TO OUR EMAIL LIST?  YES  NO

SPECIAL NEEDS CHILDREN?  YES  NO

CHILDREN:

CHILD 1: NAME & DATE OF BIRTH \_\_\_\_\_

CHILD 2: NAME & DATE OF BIRTH \_\_\_\_\_

CHILD 3: NAME & DATE OF BIRTH \_\_\_\_\_

CHILD 4: NAME & DATE OF BIRTH \_\_\_\_\_

CHILD 5: NAME & DATE OF BIRTH \_\_\_\_\_

IS EITHER CLIENT OR SPOUSE A MILITARY VETERAN? IF YES WHO? \_\_\_\_\_

ANTICIPATE NURSING HOME CARE IN THE FUTURE/WHEN? \_\_\_\_\_

IS EITHER CLIENT OR SPOUSE IN A NURSING HOME NOW? IF YES, WHO AND WHAT HOME?

\_\_\_\_\_

WHO REFERRED BY? OR HOW DID YOU FIND US? \_\_\_\_\_

ADDITIONAL INFORMATION/CONCERNS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_