

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:

