

CLIENT INTAKE FORM

Your Information

Full Name: _____ Date of Birth:

Height: _____ Income: \$ _____ Retired: Yes No

Weight: _____ Tobacco: Yes No

Spouse Information

Full Name: _____ Date of Birth:

Height: _____ Income: \$ _____ Retired: Yes No

Weight: _____ Tobacco: Yes No

Assets

Value of Home: \$ _____

Savings: \$ _____

401k/ IRA/ Annuities : \$ _____

Mortgage Amount: \$ _____

Interest/Payment: \$ _____

Debts

Credit Cards: _____

Car Loans: _____

Others: _____

PROTECTION

	Carrier	Policy #	Type	Face Amount	Premium	Issue Date	Cash Value/Loan	Draft Day
1								
2								
3								
4								
5								
6								

Family Medical History

Your Information	Spouse
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Any Health Concerns?	Any Health Concerns?
_____	_____
_____	_____
_____	_____
_____	_____

Major Operations?	Major Operations?
_____	_____
_____	_____

Hospitalizations (Last 5 years)?	Hospitalizations (Last 5 years)?
_____	_____
_____	_____

Medications (Name and Reason for Taking)?	Medications (Name and Reason for Taking)?
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes: