

## New Client Intake Sheet (one per client)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Medicare No.: \_\_\_\_\_

Client Identification Number (DSHS): \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Spouse Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Medicare No.: \_\_\_\_\_

Client Identification Number (DSHS): \_\_\_\_\_

### **Personal Information**

#### ***Estate Planning:***

- Living Will/Health Care Directive: \_\_\_\_\_
- Last Will and Testament. Executor: \_\_\_\_\_
- Power of Attorney: \_\_\_\_\_
- Trustee: \_\_\_\_\_
- POLST: \_\_\_\_\_

#### ***Diagnoses:***

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Medications:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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**Funeral/Burial Arrangements:**

Company/Contact Information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Plot No.: \_\_\_\_\_

Name of Cemetery: \_\_\_\_\_

- Burial
- Cremation
- Irrevocable

City/State of Birth: \_\_\_\_\_

Mother/Father Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Armed Forces: YES \_\_\_\_\_ NO \_\_\_\_\_

Smoke in last 15 years: YES \_\_\_\_\_ NO \_\_\_\_\_

Marital Status: \_\_\_\_\_ Education: \_\_\_\_\_

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**Physician(s):**

Name/Contact Information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Name/Contact Information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Name/Contact Information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Name/Contact Information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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**Dentist:**

Name/Contact Information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**Denturist:**

Name/Contact Information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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**Pharmacy:**

Name/Contact Information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Name/Contact Information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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**DSHS:**

Name/Contact Information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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**Medical Insurance:**

Company/Contact information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Group No.: \_\_\_\_\_

Company/Contact information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Group No.: \_\_\_\_\_

Company/Contact information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Group No.: \_\_\_\_\_

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**Life Insurance or other Insurance:**

Company/Contact information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Group No.: \_\_\_\_\_

Company/Contact information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Group No.: \_\_\_\_\_

Company/Contact information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Group No.: \_\_\_\_\_

**Family Members:**

Name/Contact information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Other No.: \_\_\_\_\_

Name/Contact information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Other No.: \_\_\_\_\_

Name/Contact information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Other No.: \_\_\_\_\_

Name/Contact information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Other No.: \_\_\_\_\_

Name/Contact information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Other No.: \_\_\_\_\_

Name/Contact information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Other No.: \_\_\_\_\_

Name/Contact information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Other No.: \_\_\_\_\_

***Friends:***

Name/Contact information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Other No.: \_\_\_\_\_

\_\_\_\_\_  
Name/Contact information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Other No.: \_\_\_\_\_

\_\_\_\_\_  
Name/Contact information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Other No.: \_\_\_\_\_

\_\_\_\_\_  
Name/Contact information: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Other No.: \_\_\_\_\_

**Assets**

***Sources of Income:***

- Social Security
- WA State Retirement
- Civil Service
- Veteran Benefits
- Retirement: \_\_\_\_\_
- Pension: \_\_\_\_\_
- Rental Income: \_\_\_\_\_
- Other: \_\_\_\_\_

***Real Estate:***

Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Parcel No.: \_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_\_  
Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Parcel No.: \_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_\_  
Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Parcel No.: \_\_\_\_\_ County: \_\_\_\_\_

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Address: \_\_\_\_\_  
Legal Description: \_\_\_\_\_  
Parcel No.: \_\_\_\_\_ County: \_\_\_\_\_

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Legal Description: \_\_\_\_\_  
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Address: \_\_\_\_\_  
Legal Description: \_\_\_\_\_  
Parcel No.: \_\_\_\_\_ County: \_\_\_\_\_

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***Checking/Savings:***

Company/Contact Information: \_\_\_\_\_

Account No.: \_\_\_\_\_ Type: \_\_\_\_\_

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Company/Contact Information: \_\_\_\_\_

Account No.: \_\_\_\_\_ Type: \_\_\_\_\_

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Company/Contact Information: \_\_\_\_\_

Account No.: \_\_\_\_\_ Type: \_\_\_\_\_

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Company/Contact Information: \_\_\_\_\_

Account No.: \_\_\_\_\_ Type: \_\_\_\_\_

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Account No.: \_\_\_\_\_ Type: \_\_\_\_\_

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Company/Contact Information: \_\_\_\_\_

Account No.: \_\_\_\_\_ Type: \_\_\_\_\_

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Company/Contact Information: \_\_\_\_\_

Account No.: \_\_\_\_\_ Type: \_\_\_\_\_

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**Safe Deposit Box:**

Company/Contact Information: \_\_\_\_\_

Account No.: \_\_\_\_\_ Box No.: \_\_\_\_\_

Company/Contact Information: \_\_\_\_\_

Account No.: \_\_\_\_\_ Box No.: \_\_\_\_\_

**Investments:**

Company/Contact Information: \_\_\_\_\_

Account No.: \_\_\_\_\_ Type: \_\_\_\_\_

Company/Contact Information: \_\_\_\_\_

Account No.: \_\_\_\_\_ Type: \_\_\_\_\_

Company/Contact Information: \_\_\_\_\_

Account No.: \_\_\_\_\_ Type: \_\_\_\_\_

Company/Contact Information: \_\_\_\_\_

Account No.: \_\_\_\_\_ Type: \_\_\_\_\_

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