

New Client Intake Sheet (one per client)

Name: _____

Address: _____

Telephone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ Social Security No.: _____

Medicare No.: _____

Client Identification Number (DSHS): _____

Spouse Name: _____

Pets: _____

Personal Information

Estate Planning:

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

Diagnoses or Surgeries:

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

Medications: (use or attach separate sheet if preferred)

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

Funeral/Burial Arrangements:

Company/Contact Information: _____

Telephone No.: _____ Fax No.: _____

Policy No.: _____ Plot No.: _____

Name of Cemetery: _____

- Burial
- Cremation
- Irrevocable

Name at Birth: _____

City/State of Birth: _____

Mother Maiden/Father Name: _____

Occupation (if retired, last occupation): _____

Armed Forces: YES _____ NO _____ Please provide DD214 or Separation documents

Smoke in last 15 years: YES _____ NO _____

Marital Status: _____ Education: _____

Physician(s):

Name/Contact Information: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

Name/Contact Information: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

Name/Contact Information: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

Name/Contact Information: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

Dentist:

Name/Contact Information: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

Denturist:

Name/Contact Information: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone No.: _____

Pharmacy:

Name/Contact Information: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone No.: _____

Medical Insurance:

Contact Information: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone No.: _____
Policy No.: _____ Group No.: _____

Contact Information: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone No.: _____
Policy No.: _____ Group No.: _____

Contact Information: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone No.: _____
Policy No.: _____ Group No.: _____

Life Insurance or other Insurance:

Contact Information: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone No.: _____
Policy No.: _____ Group No.: _____
Beneficiary(s): _____

Contact Information: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone No.: _____
Policy No.: _____ Group No.: _____
Beneficiary(s): _____

Emergency Contacts/Family Members/Friends:

Name/Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Cell: _____

Email: _____ Other: _____

Name/Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Cell: _____

Email: _____ Other: _____

Name/Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Cell: _____

Email: _____ Other: _____

Name/Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Cell: _____

Email: _____ Other: _____

Name/Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Cell: _____

Email: _____ Other: _____

Name/Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Cell: _____

Email: _____ Other: _____

Name/Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Cell: _____

Email: _____ Other: _____

Name/Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Cell: _____

Email: _____ Other: _____

DO NOT CONTACT OR PROVIDE ANY INFORMATION

Name/Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Cell: _____

Email: _____ Other: _____

Name/Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Cell: _____

Email: _____ Other: _____

Name/Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Cell: _____

Email: _____ Other: _____

Assets

Sources of Income:

- Social Security
- WA State Retirement
- Civil Service
- Veteran Benefits: (File No.) _____
- Retirement: _____
- Pension: _____
- Rental Income: _____
- Other: _____

Vehicles/Boats/Motorcycles/RV:

Make/Model/Year: _____

VIN: _____ Title Location: _____

Make/Model/Year: _____

VIN: _____ Title Location: _____

Make/Model/Year: _____

VIN: _____ Title Location: _____

Make/Model/Year: _____

VIN: _____ Title Location: _____

Real Estate:

Address: _____

Legal Description: _____

Parcel No.: _____ County: _____

Mortgage: _____

Address: _____

Legal Description: _____

Parcel No.: _____ County: _____

Mortgage: _____

Address: _____

Legal Description: _____

Parcel No.: _____ County: _____

Mortgage: _____

Address: _____

Legal Description: _____

Parcel No.: _____ County: _____

Mortgage: _____

Address: _____

Legal Description: _____

Parcel No.: _____ County: _____

Mortgage: _____

Checking/Savings/CD:

Branch/Location: _____

Account No.: _____ Type: _____

Does account have TOD/POD (if yes, who): _____

Checking/Savings/CD:

Branch/Location: _____

Account No.: _____ Type: _____

Does account have TOD/POD (if yes, who): _____

Checking/Savings/CD:

Branch/Location: _____

Account No.: _____ Type: _____

Does account have TOD/POD (if yes, who): _____

Checking/Savings/CD:

Branch/Location: _____

Account No.: _____ Type: _____

Does account have TOD/POD (if yes, who): _____

Checking/Savings/CD:

Branch/Location: _____

Account No.: _____ Type: _____

Does account have TOD/POD (if yes, who): _____

Safe Deposit Box:

Branch/Location: _____

Box No.: _____ Key Location: _____

Investments:

Branch/Location: _____

Account No.: _____ Type: _____

Does account have TOD/POD (if yes, who): _____

Branch/Location: _____

Account No.: _____ Type: _____

Does account have TOD/POD (if yes, who): _____

Branch/Location: _____

Account No.: _____ Type: _____

Does account have TOD/POD (if yes, who): _____

Branch/Location: _____

Account No.: _____ Type: _____

Does account have TOD/POD (if yes, who): _____

Branch/Location: _____

Account No.: _____ Type: _____

Does account have TOD/POD (if yes, who): _____