

**New Client Intake Sheet (one per client)**

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

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

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

\_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Medicare No.: \_\_\_\_\_ Effective Date: \_\_\_\_\_

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

Pets: \_\_\_\_\_

**Personal Information**

***Estate Planning:***

Yes/No

Living Will/Health Care Directive: \_\_\_\_\_

Last Will and Testament. Executor: \_\_\_\_\_

Name of Power of Attorney: \_\_\_\_\_

Name of Trustee: \_\_\_\_\_

POLST (DNR Code): \_\_\_\_\_

***Diagnoses or Surgeries:*** (use or attach separate sheet if preferred)

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**Medications:** (use or attach separate sheet if preferred)

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

**Allergies:** (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
- Other: \_\_\_\_\_

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: \_\_\_\_\_

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***Physician(s):***

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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***Dentist:***

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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***Denturist:***

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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***Pharmacy:***

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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***Medical Insurance:***

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

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

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

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***Life Insurance or other Insurance:***

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

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

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***Emergency Contacts/Family Members/Friends/Beneficiaries:***

Name/Relation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Other: \_\_\_\_\_

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Name/Relation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Other: \_\_\_\_\_

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Name/Relation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Other: \_\_\_\_\_

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Name/Relation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Other: \_\_\_\_\_

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Name/Relation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Other: \_\_\_\_\_

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Name/Relation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Other: \_\_\_\_\_

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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: \_\_\_\_\_

Name/Relation: \_\_\_\_\_

Name/Relation: \_\_\_\_\_

**Assets**

***Sources of Income:***

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

***CPA:***

Name/Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_ Other: \_\_\_\_\_

***Vehicles/Boats/Motorcycles/RV:***

Make/Model/Year: \_\_\_\_\_

VIN: \_\_\_\_\_ Title Location: \_\_\_\_\_

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Make/Model/Year: \_\_\_\_\_

VIN: \_\_\_\_\_ Title Location: \_\_\_\_\_

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Make/Model/Year: \_\_\_\_\_

VIN: \_\_\_\_\_ Title Location: \_\_\_\_\_

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Make/Model/Year: \_\_\_\_\_

VIN: \_\_\_\_\_ Title Location: \_\_\_\_\_

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***Real Estate:***

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

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

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

Mortgage: \_\_\_\_\_

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

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

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

Mortgage: \_\_\_\_\_

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

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

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

Mortgage: \_\_\_\_\_

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

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

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

Mortgage: \_\_\_\_\_

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***Checking/Savings/Money Market/CD:***

Branch/Location: \_\_\_\_\_

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

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

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***Checking/Savings/CD:***

Branch/Location: \_\_\_\_\_

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

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

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***Checking/Savings/CD:***

Branch/Location: \_\_\_\_\_

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

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

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***Checking/Savings/CD:***

Branch/Location: \_\_\_\_\_

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

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

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***Checking/Savings/CD:***

Branch/Location: \_\_\_\_\_

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

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

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***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): \_\_\_\_\_

***Other significant information:***

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