New Client Intake Sheet (one per client)

Contact Information

Legal Name:_____
Physical Address:_____

_____
Mailing Address:_____

_____
Telephone:_____Cell Phone:_____
Email Address:_____

Personal Information

Preferred Name:_____Pronouns:_____
Date of Birth:_____Social Security No.:_____
Spouse/Partner Name: _____
Date of Marriage/Domestic Partnership:_____Place:_____
Emergency Contact:_____Phone No.:_____
Race/Ethnicity:_____
Religious Preference:_____
Caregiving Agency Preference:_____
Nursing Home Preference:_____

Members of your household:

Name	Relation	Telephone Number

Pets/type/name: _____

_____
Pet Guardian (other than you):_____
Veterinarian:_____ Phone No.:_____

Medical Information

POLST or DNR/Code Status:_____
Hospital Preference:_____

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

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

Medications: (use or attach separate sheet if preferred)

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

Allergies: (use or attach separate sheet if preferred)

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

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:
Medicare No.:_____Effective Date:_____
Part D:_____ Policy 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.:_____

Estate Planning

Attorney:
Contact Information:_____
Address:_____
City:_____ State:_____ Zip:_____
Telephone No.:_____

Power of Attorney(s):
Contact Information:_____
Address:_____
City:_____ State:_____ Zip:_____
Telephone No.:_____

Power of Attorney(s):
Contact Information:_____
Address:_____
City:_____ State:_____ Zip:_____
Telephone No.:_____

Executor/Personal Representative:
Contact Information:_____
Address:_____
City:_____ State:_____ Zip:_____
Telephone No.:_____

Trustee:
Contact Information:_____
Address:_____
City:_____ State:_____ Zip:_____
Telephone No.:_____

Please provide copies of completed documents:

- Power of Attorney (if we are named, we need an original copy)
- Living Will/Health Care Directive
- Last Will and Testament/Gift List
- Trust
- Community Property Agreement
- Cremation Authorization

Funeral/Burial Arrangements:

Company/Contact Information:_____

_____

Telephone No.:_____ Fax No.:_____

Policy No.:_____ Plot No.:_____

Name of Cemetery:_____

- ❑ Burial
- ❑ Cremation
- ❑ Irrevocable Policy
- ❑ Other:_____

Information needed for Death Certificate:

Legal Name:_____

City/State of Birth:_____

Mother's Full name (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:_____

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):_____

Long Term Care Insurance:

Contact Information:_____

Address:_____

City:_____State:_____Zip:_____

Telephone No.:_____Policy No.:_____

Beneficiaries listed in your WILL/Trust/TOD Accounts:

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:_________________

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:__________________

*********DO NOT CONTACT OR PROVIDE ANY INFORMATION*********

Name/Relation:____

Name/Relation:____

Income and Assets

Sources of Income and Current Amount:

- Social Security _____
- WA State Retirement _____
- Civil Service _____
- Veteran Benefits (File No.)_____
- Retirement_____
- Pension_____
- Rental Income_____
- Stocks_____
- Other_____

CPA:

Name/Company:_____
Address:_____
City:_____State:_____Zip:_____
Telephone No.:_____Cell:_____
Email:_____Other:_____

Checking/Savings/Money Market/CD: (use or attach separate sheet if preferred)
Branch/Location:_____

_____
Account No.:_____ Type:_____
Does account have a Joint Signer/TOD/POD (if yes, who):_____

_____

Checking/Savings/Money Market/CD:
Branch/Location:_____

_____
Account No.:_____ Type:_____
Does account have Joint Signer/TOD/POD (if yes, who):_____

_____

Checking/Savings/Money Market/CD:
Branch/Location:_____

_____
Account No.:_____ Type:_____
Does account have Joint Signer/TOD/POD (if yes, who):_____

_____

Safe Deposit Box:
Branch/Location:_____

_____

Box No.:_____Key Location:_____
Does account have Joint Signer (if yes, who):_____

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:_____

Firearms: (use or attach separate sheet if preferred)
Make/Model:_____
Serial No.:_____Location:_____

Make/Model:_____
Serial No.:_____Location:_____

Make/Model:_____
Serial No.:_____Location:_____

Real Estate: (use or attach separate sheet if preferred)
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:_____

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:

Check list for your client file

- Completed intake sheet (one per client)
- Legal documents (see page 4 for list)
- Signed service agreement
- Copy of current Driver's License or ID or Military ID
- Copy of Medicare Card
- Copy of Insurance Cards
- Copy of POLST (if you have completed one)
- Copy of Funeral/Burial policy (if you have completed)

Please call the office to set up the in-person client meeting once you have completed your intake sheet and have copies of your completed legal documents.

If you do not have access to a copy machine, we can make copies of the items requested above during the meeting.

Thank you for entrusting us with your case management, bookkeeping, and estate planning needs!