



WALTERS & GALLOWAY, PLLC
ATTORNEYS AT LAW

INTAKE QUESTIONNAIRE

CLIENT #1	CLIENT #2
NAME	NAME
MARITAL STATUS	MARITAL STATUS
PRIOR MARRIAGES (Y/N)	PRIOR MARRIAGES (Y/N)
DOB	DOB
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
HOME PHONE	HOME PHONE
CELL PHONE	CELL PHONE
EMAIL	EMAIL
LAST FOUR of SSN	LAST FOUR of SSN
VETERAN? (Y/N)	VETERAN? (Y/N)
IF YES, SERVICE DATES	IF YES, SERVICE DATES
RESIDING IN FACILITY (Y/N)	RESIDING IN FACILITY (Y/N)

CONTACT PERSON (If Not Client):

NAME	RELATIONSHIP TO CLIENT
ADDRESS	PHONE
EMAIL	

CHILDREN:

Child #1

Child #2

NAME	NAME
RELATIONSHIP TO CLIENT	RELATIONSHIP TO CLIENT
MARITAL STATUS	MARITAL STATUS
DOB	DOB
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
HOME PHONE	HOME PHONE
CELL PHONE	CELL PHONE
EMAIL	EMAIL
DISABILITY (Y/N)	DISABILITY (Y/N)

Child #3**Child #4**

NAME	NAME
RELATIONSHIP TO CLIENT	RELATIONSHIP TO CLIENT
MARITAL STATUS	MARITAL STATUS
DOB	DOB
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
HOME PHONE	HOME PHONE
CELL PHONE	CELL PHONE
EMAIL	EMAIL
DISABILITY (Y/N)	DISABILITY (Y/N)

ACTIVITIES OF DAILY LIVING (ADL) ASSESSMENT

Is Client, living in, pending discharge to, or otherwise considering a long term care facility?

Name of Facility:

Proposed Entry Date:

Activity	Need No Help		Need Some Help		Unable To Do At All	
	Client #1	Client #2	Client #1	Client #2	Client #1	Client #2
Bathing						
Dressing						
Transfer from Bed to Chair						
Walking						
Feeding						
Continence						
Taking Medication						