

Client Information Sheet

Referred by: _____ Referral's phone # () _____

Primary Name _____ Date of Birth ____/____/____ SS# _____

Spouse Name _____ Date of Birth ____/____/____ SS# _____

Current Address _____ City _____ State _____ Zip _____

Cell # () _____

Email Address: _____.

Are you married? **Yes / No** If Yes, did you live with your spouse after July 1st? **Yes / No**

Do you have health insurance? **Yes / No** Is your health insurance through your employer? **Yes / No**

How much did you spend on out-of-pocket medical expenses? (co-pay, dental, & vision) \$ _____

DEPENDENTS:

Name	Birth Date	SSN	Relationship	Lives with you?
_____	____/____/____	_____	_____	Yes / No
_____	____/____/____	_____	_____	Yes / No
_____	____/____/____	_____	_____	Yes / No

Did you file *last year's* Tax Return? Yes / No **Did you attend college?** Yes / No

Do you own a Home or do you Rent? **OWN / RENT** What is the monthly cost? _____

Do you own a business? Yes / No If yes, type of business or business name

Did you receive, sell, exchange, or trade any virtual cryptocurrency? Yes / No

The above information is correct and true to the best of my knowledge.

Signature _____ **Date** ____/____/____.