

# Client Qualification Information

## General Information

### Client

Name \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Smoker \_\_\_\_\_

### Spouse/Other

Name \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Smoker \_\_\_\_\_

## Medical Concerns

High Blood Pressure, Heart Attack, Stroke, Cancer, Diabetes, High Cholesterol, DUI/Substance Abuse, Any Surgeries or Diseases, Accidents in the Past 10 Years

### Client

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Spouse/Other

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Medications

### Client

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Spouse/Other

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Mortgage Information

Loan Amount \_\_\_\_\_

Mortgage Term \_\_\_\_\_

Lender \_\_\_\_\_

Monthly Payment \_\_\_\_\_

## Miscellaneous

### Client

Occupation \_\_\_\_\_

Schedule \_\_\_\_\_

Beneficiary Full Name & Relationship \_\_\_\_\_

Do you have children? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, their ages \_\_\_\_\_

Appointment Date & Time \_\_\_\_\_

Directions to Home \_\_\_\_\_

### Spouse/Other

Occupation \_\_\_\_\_

Schedule \_\_\_\_\_