Personal and Confidential

Client Fact Finder Sheet

Personal Inforation

	Client	Spouse/Partner
Full Name:		
Address:		
City, State, Zip:		
Phone:		
Email:		
Date of Birth:		
SSN/MBI:		
Part A Date:		
Part B Date:		
Medicaid:		
Tobacco:		

Insurance Inforation

Health Insurance		
	Client	Spouse/Partner
Company:		
Policy #:		
Effective Date:		
Annual Premium:		
Prescription Drug Coverage		
	Client	Spouse/Partner
Company:		
Policy #:		
Effective Date:		
Annual Premium:		
Dental/Vision/Hearing		
	Client	Spouse/Partner
Company:		
Policy #:		
Effective Date:		
Annual Premium:		

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Client Fact Finder Sheet

Life Insurance		
	Client	Spouse/Partner
Company:		
Policy #:		
Effective Date:		
Annual Premium:		
Other Insurance (Hospital Indemnity, GAP, Long Term Care, etc.)		
	Client	Spouse/Partner
Company:		
Policy #:		
Effective Date:		
Annual Premium:		

Health Inforation

In the past 2 years, have you been diagnosed/treated for any of the following?		
	Client	Spouse/Partner
Cancer:		
Heart Attack:		
Stroke/TIA:		
Diabetes:		
COPD or Oxygen:		
Surgery:		
Hospitalization:		
Notes:		

Prescription Drugs

Please list any medications taken or prescribed in the last 12 months:		
	Client	Spouse/Partner
Drug:		
Dosage:		
Frequency:		
Reason:		
Drug:		
Dosage:		
Frequency:		
Reason:		

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Drug:		
Dosage:		
Frequency:		
Reason:		
Drug:		
Dosage:		
Frequency:		
Reason:		
Notes:		

Investment Inforation

Health Insurance		
	Client	Spouse/Partner
401(k):		
IRA:		
Pension:		
Annuities:		
Mutual Funds:		
Savings/CDs:		

Additional Notes