

INDIVIDUAL PRELIMINARY INFORMATION

Full Name:	
Name you prefer to be called:	
Date of birth:	Social Security Number:

Home Address:		
City:	State:	Zip:
County of Residence:	Home Phone:	
Cell Phone:	Best place to reach you:	
Send mail where? <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other:		
How do you prefer for mail to be addressed (i.e., "Mr." or "Ms." or "Dr.")?		

Place of Employment:		
Work Address:		
City:	State:	Zip:
Work phone:	Work fax:	
Email address:		

Did anyone refer you to us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, whom may we thank?
Do you want the referral source to be copied on correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No
What topics do you want to discuss at your appointment? _____

Children	Age of Child	Gender	Grandchildren?
Name _____ Address _____ Phone _____			
Name _____ Address _____ Phone _____			
Name _____ Address _____ Phone _____			
Name _____ Address _____ Phone _____			
Name _____ Address _____ Phone _____			
Name _____ Address _____ Phone _____			

Who do you want to name as the Executor(s) of your estate?

1 st Executor	Name: _____	Relation: _____
2 nd Executor	Name: _____	Relation: _____
3 rd Executor	Name: _____	Relation: _____

Who do you want to name as the Guardian(s) of your children (if you have children under age 18)?

(Two persons may serve together as long as they are married.)

1 st Guardian(s)	Name(s): _____	Relation: _____
2 nd Guardian(s)	Name(s): _____	Relation: _____
3 rd Guardian(s)	Name(s): _____	Relation: _____

Who do you want to name as agent(s) on your Durable Power of Attorney?

(A Durable Power of Attorney gives the person(s) named the power to sign your name if you are unable to do so. For instance, it can be used to sign a deed or a tax return or to make gifts of your property.)

1 st Agent	Name: _____ Relation: _____	Address: _____ _____
2 nd Agent	Name: _____ Relation: _____	Address: _____ _____
3 rd Agent	Name: _____ Relation: _____	Address: _____ _____

Who do you want to name as agent(s) on your Medical Power of Attorney?

1 st Agent	Name: _____ Phone: _____	Address: _____ _____
2 nd Agent	Name: _____ Phone: _____	Address: _____ _____
3 rd Agent	Name: _____ Phone: _____	Address: _____ _____

Where do you plan to keep your original documents? _____