

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 Personal Representative(s) of your estate?

1st PR

Name:	Relation:
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2nd PR

Name:	Relation:
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3rd PR

Name:	Relation:
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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.)

1st Guardian(s)

Name(s):	Relation:
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2nd Guardian(s)

Name(s):	Relation:
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3rd Guardian(s)

Name(s):	Relation:
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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 not able to do so. For instance, it can be used to sign a deed or a tax return, or to make gifts of your property.)

1st Agent

Name: _____ Relation: _____	Address: _____ _____
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2nd Agent

Name: _____ Relation: _____	Address: _____ _____
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3rd Agent

Name: _____ Relation: _____	Address: _____ _____
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Who do you want to name as your Health Care Surrogate?

1st Surrogate

Name: _____ Phone: _____	Address: _____ _____
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2nd Surrogate

Name: _____ Phone: _____	Address: _____ _____
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3rd Surrogate

Name: _____ Phone: _____	Address: _____ _____
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