CLIENT WORKSHEET



Client Information	Email:		Date:
Name:	Age:	Name:	Age:
DOB:		DOB:	
Retired / Employed:		Retired / Employed:	
Monthly Income:		Monthly Income:	
(Social Security, Pension)	Durial / Cramation	(Social Security, Pension)	Duriel / Cremetica
Family / Beneficiary:	Burial / Cremation	Family / Beneficiary:	Burial / Cremation
Medical Information	Heart Attack / Stroke / TIA / Cance Asthma & COPD (Albuterol vs Col	er / Stints / Diabetes (Pills vs Insulin) / Neu rticosteroid) / Thyroid / Anxiety-Depressio	
Surgeries:	Smoker: Y / N	Surgeries:	Smoker: Y / N
Medications:		Medications:	
Mortgage Informatio	on		
\$ \$		\$ \$	
Balance Monthly	payment Terms	Todays Value Equit	y Mortgage Date
Current Life Insurance	ce		
\$		\$	
Company Deat	th Benefit Benefactor	Company Dea	ath Benefit Benefactor
Alternative Coverage (401K, TSP, CDs, Cash, Etc.)	Amount	Alternative Coverage (401K, TSP, CDs, Cash, Etc.)	Amount
Medicare Information	n		
Do you have a Medicare Supplemental Plan? Y / N		Do you have a Medicare Supplemental Plan? Y / N	
Carrier	Plan Premium	Carrier	Plan Premium
Do you have a Medicare Advantage ? Y / N \$		Do you have a Medicare Advantage ? Y / N	
Carrier	Premium	Carrier	Premium
Estate Planning (w	ww.doyourownwill.com)		
Do you have a will? Y / N	Last Updated:	Do you have a will? Y / N	Last Updated:
OPTION #1	OPTI	ON #2	OPTION #3