

## 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 <sup>st</sup> Executor	Name: _____	Relation: _____
2 <sup>nd</sup> Executor	Name: _____	Relation: _____
3 <sup>rd</sup> 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 <sup>st</sup> Guardian(s)	Name(s): _____	Relation: _____
2 <sup>nd</sup> Guardian(s)	Name(s): _____	Relation: _____
3 <sup>rd</sup> 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 <sup>st</sup> Agent	Name: _____ Relation: _____	Address: _____ _____
2 <sup>nd</sup> Agent	Name: _____ Relation: _____	Address: _____ _____
3 <sup>rd</sup> Agent	Name: _____ Relation: _____	Address: _____ _____

**Who do you want to name as agent(s) on your Health Care Directive?**

1 <sup>st</sup> Agent	Name: _____ Phone: _____	Address: _____ _____
2 <sup>nd</sup> Agent	Name: _____ Phone: _____	Address: _____ _____
3 <sup>rd</sup> Agent	Name: _____ Phone: _____	Address: _____ _____

**PRELIMINARY INFORMATION**