Client Qualification Form

General Information

Client

Name _____

Birthday _____ Age _____

Height _____ Weight _____

Smoker _____

Spouse/Other

Name _____

Birthday _____ Age _____

Height _____ Weight _____

Smoker _____

Medical Concerns

High Blood Pressure, Heart Attack, Stroke, Cancer, Diabetes, High Cholesterol, DUI/Substance Abuse, Any Surgeries or Diseases, Accidents in the Past 10 Years

Client

_____

_____

_____

_____

Spouse/Other

_____

_____

_____

_____

Medications

Client

_____

_____

_____

_____

Spouse/Other

_____

_____

_____

_____

Mortgage Information

Loan Amount _____

Mortgage Term _____

Lender _____

Monthly Payment _____

Miscellaneous

Client

Occupation _____

Schedule _____

Spouse/Other

Occupation _____

Schedule _____

Beneficiary Full Name & Relationship _____

Do you have children? Yes _____ No _____ If yes, their ages _____

Appointment Date & Time _____

Directions to Home _____