

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: | | |

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|--|
| 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 power of attorney?
(A 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.)

| | | |
|-----------------------|--------------------------------|-------------------------|
| 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 your agent on your Health Care Proxy?

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