

# Client Qualification Information

## General Information

### Client

Name \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Smoker \_\_\_\_\_

### Spouse/Other

Name \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Smoker \_\_\_\_\_

\*For all impairments; Get dates/age of diagnosis; time since last occurrence; Diabetes: oral or insulin and are there any complications such as Neuropathy ?

## Medical Problems

### COPD

(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

Other than what we've already spoken about are there any other Prescription medications you have been Prescribed in the last several years? ( If yes; what condition was that treating?)

### 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 \_\_\_\_\_