

**INFORMATION AND HISTORY**

Some of the following questions will provide basic information for insurance purposes, other questions will help us to focus during the initial interview. Please complete thoroughly.

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated  Partnered  Widowed

Date of Birth: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How would you like to be contacted? \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

How long have you worked for your current employer? \_\_\_\_\_

**INSURANCE INFORMATION (If applicable):**

**Policy #1**

Who is the Insured Party? \_\_\_\_\_

Relation to You: \_\_\_\_\_

(If not you) Date of Birth: \_\_\_\_\_

and Social Security #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy/ID #: \_\_\_\_\_

Address for Claims: \_\_\_\_\_

Group #: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**Policy #2**

Who is the Insured Party? \_\_\_\_\_

Relation to You: \_\_\_\_\_

(If not you) Date of Birth: \_\_\_\_\_

and Social Security #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy/ID #: \_\_\_\_\_

Address for Claims: \_\_\_\_\_

Group #: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_



