

CLIENT INTAKE FORM

1. Client's information

Full Legal Name: _____

Home Address: _____

Telephone: _____

Email: _____

2. Interest

- Are you interested in a Power of Attorney (allows a person to make decisions concerning your property & finances)? Yes No
- Are you interested in a Living Will (Do Not Resuscitate Order)? Yes No
- Are you interested in a Durable Healthcare Power of Attorney (allows a person to make decisions concerning your healthcare if you cannot)? Yes No
- Do you wish to nominate a guardian in the event that guardianship proceedings are started for your person or estate? Yes No
- Are you interested in preparing a Last Will and Testament? Yes No