

INITIAL CLIENT INFORMATION SHEET

PLEASE TAKE A MOMENT TO ANSWER THE QUESTIONS BELOW. ALL ANSWERS WILL BE KEPT CONFIDENTIAL.

NAME: _____ SPOUSE: _____

ADDRESS: _____

* MAY WE CONTACT YOU AT THE ABOVE ADDRESS? YES NO

* IF NOT, DO YOU HAVE AN ALTERNATE ADDRESS? YES NO

ALTERNATE ADDRESS: _____

TELEPHONE:

HOME: (____) _____ WORK: (____) _____

FAX: (____) _____ CELL/PAGER: (____) _____

* MAY WE CONTACT YOU AT THE ABOVE PHONE NUMBERS? YES NO

* IF NOT, DO YOU HAVE AN ALTERNATE NUMBER? YES NO

ALTERNATE PHONE NUMBER: (____) _____

E-MAIL ADDRESS: _____

* MAY WE CONTACT YOU AT THE ABOVE E-MAIL ADDRESS? YES NO

* IF NOT, DO YOU HAVE AN ALTERNATE E-MAIL? YES NO

ALTERNATE E-MAIL: _____

* MAY WE ADD YOUR E-MAIL ADDRESS TO OUR MAILING LIST YES NO

EMPLOYER: _____

ADDRESS: _____ PHONE NO. (____) _____

SPOUSE'S EMPLOYER: _____

ADDRESS: _____ PHONE NO. (____) _____

HOW DID YOU FIND OUT ABOUT OUR OFFICES?

_____ VERIZON SUPER PAGES _____ WEBSITE

_____ THE YELLOW BOOK _____ NEWSPAPER

_____ WINDSTREAM / ALLTEL YELLOW PAGES _____ RADIO

_____ REFERRAL FROM _____

_____ OTHER (PLEASE SPECIFY) _____

THANK YOU,
DAVID K. LUCAS AND ASSOCIATES