

Date _____

INITIAL CLIENT INFORMATION SHEET

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

NAME: _____ SPOUSE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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

ALTERNATE ADDRESS: _____

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

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

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

ALTERNATE PHONE NUMBER: (____) _____

E-MAIL ADDRESS: _____

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

ALTERNATE E-MAIL: _____

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

- INVOICE/BILLING PREFERENCE? EMAIL or U.S. MAIL (please circle one)

SOCIAL SECURITY NUMBER _____ D/O/B _____

CLIENT EMPLOYER: _____

ADDRESS: _____ PHONE NO. (____) _____

SPOUSE'S EMPLOYER: _____

ADDRESS: _____ PHONE NO. (____) _____

HOW DID YOU FIND OUT ABOUT OUR OFFICES?

- _____ VERIZON (IDEARC) SUPER PAGES
- _____ WEBSITE
- _____ YELLOW BOOK USA / BERRY
- _____ NEWSPAPER / SENIOR FOCUS
- _____ E-Z TO USE BIG BOOK
- _____ REFERRAL FROM _____
- _____ OTHER (PLEASE SPECIFY) _____

THANK YOU,
DAVID K. LUCAS AND ASSOCIATES