



Client Intake Form

Completion of this form is voluntary; however, it helps us better assist you!

NAME: _____ PHONE: _____

DOB: _____

EMAIL ADDRESS: _____

1. **Are you currently employed?** Yes No If yes, do you have employer healthcare coverage? Yes No

2. **What Insurance coverage do you currently have?**

Medicare A and/or B Affordable Care Act Employer sponsored Private Insurance Medicaid

3. **Do you carry a Medicare Supplement or Medicare Advantage Plan?** _____

4. **Do you have any specific health concerns you would like to ensure are accounted for?**

5. **Have you had a family member use home health care or go into a nursing home?** Yes No

How did they pay for it? _____

How would you pay for it? _____

6. **Do you currently carry any life insurance?** Yes No

What is the death benefit? _____ What is your premium? _____

7. **If you have life insurance, what purpose does it serve?**

Income replacement Final expenses Outstanding debts Help family financially

8. **What kind of arrangements have you made to take care of final expenses?**

9. **Do you have a 401K or any other retirement account?**

If yes, are you still contributing? _____ Are you dealing with the stock market or the bank? _____

10. **How do you feel about your current financial situation and potential challenges you might face?**

11. **Where did you hear about Senior Planning Center?** _____