

## Client Qualification Information

Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Non Smoker: \_\_\_\_\_ Smoker: \_\_\_\_\_

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Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Non Smoker: \_\_\_\_\_ Smoker: \_\_\_\_\_

## Medical History

- Disabled
- High Blood Pressure: # of Meds: \_\_\_\_\_
- Cancer \_\_\_\_\_
- Diabetes: Type: \_\_\_\_\_ Med / Insulin / none  
When diagnosed: \_\_\_\_\_
- Asthma: \_\_\_\_\_
- COPD: Y or N on Oxygen: Y or N
- Arthritis: Rumitoid / Osteo How Long: \_\_\_\_\_
- Any Surgeries \_\_\_\_\_
- Heart \_\_\_\_\_
- Cholesterol: Y or N Medication: Y or N
- Stroke \_\_\_\_\_
- Diseases \_\_\_\_\_

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## Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Mortgage Information:

Loan Amount: \_\_\_\_\_  
Mortgage Term: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_  
Monthly Payment: \_\_\_\_\_

Full Name & Relationship of Beneficiary: \_\_\_\_\_

Do you have children? Yes \_\_\_\_\_ No \_\_\_\_\_ Ages: \_\_\_\_\_

Appointment Date & Time: \_\_\_\_\_

DETAILED Directions: \_\_\_\_\_