

TOP 3 RECOMMENDATIONS:

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Client Qualification Form

Name: _____

Name: _____

Birth Date: _____ Age: _____

Birth Date: _____ Age: _____

Mortgage Information

It says here your mortgage amount is \$_____ Was that a **PURCHASE** or **REFINANCE**? (Circle one)
 Do you know what the home is worth? \$_____ Was that on a **15, 20** or **30** yr. term? (Circle one)
 And what is the monthly payment with principle, interest, taxes and insurance altogether? \$_____ (PITI)

So what is your main concern in terms of putting this protection in place for you and your family?

Medical Information

What prescriptions does your doctor currently have you on?

Smoker? Yes / No Height _____ Weight _____

Smoker? Yes / No Height _____ Weight _____

Heart Problems: _____ Year: _____

Heart Problems: _____ Year: _____

High blood pressure: # of Meds: _____

High blood pressure: # of Meds: _____

Stroke: Minor TIA / Major Year: _____

Stroke: Minor TIA / Major Year: _____

Cancer: _____ Year: _____

Cancer: _____ Year: _____

Last cancer treatment date: _____

Last cancer treatment date: _____

Asthma: Mild seasonal / Moderate / Severe

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Ever hospitalized for Asthma? Yes / No

Ever hospitalized for Asthma? Yes / No

Arthritis: Rheumatoid / Osteo. How long: _____

Arthritis: Rheumatoid / Osteo. How long: _____

COPD: Uses oxygen: Yes / No

COPD: Uses oxygen: Yes / No

Diabetes: Type: _____ Medicine / Insulin / Diet

Diabetes: Type: _____ Medicine / Insulin / Diet

Year diabetes was diagnosed: _____

Year diabetes was diagnosed: _____

Major Surgeries: _____ Year: _____

Major Surgeries: _____ Year: _____

Disabled: Age at disability: _____ Reason: _____

Disabled: Age at disability: _____ Reason: _____

Employment: _____ Hrs. _____

Employment: _____ Hrs. _____

Income accustomed to? \$ _____ /Year

Income accustomed to? \$ _____ /Year

Life Insurance? Yes / No \$ _____ Personal / Work

Life Insurance? Yes / No \$ _____ Personal / Work

Appointment Day: _____ Date: _____ Time: _____

Notes: _____