## **TOP 3 RECOMMENDATIONS:**

t d B i	as that a <i>PURCHASE</i> or <i>REFINANCE</i> ? (Circle one)  /as that on a <i>15</i> , <i>20</i> or <i>30</i> yr. term? (Circle one)  / ses and insurance altogether? \$
Mortgage Information  It says here your mortgage amount is \$	Birth Date: Age: mation  as that a <i>PURCHASE</i> or <i>REFINANCE</i> ? (Circle one)  As that on a <i>15</i> , <i>20</i> or <i>30</i> yr. term? (Circle one)  As and insurance altogether? \$ (PITI)  Age: remaining the properties of
It says here your mortgage amount is \$ W.  Do you know what the home is worth? \$ W.  And what is the monthly payment with principle, interest, tax  So what is your main concern in terms of putting this protect  Medical Infor  What prescriptions does your doctor  What prescriptions does your doctor  Smoker? Yes / No Height Weight	as that a <i>PURCHASE</i> or <i>REFINANCE</i> ? (Circle one)  Vas that on a <i>15, 20</i> or <i>30</i> yr. term? (Circle one)  As and insurance altogether? \$
Do you know what the home is worth? \$ WAND WHAT IS THE METERS OF PUTTING THE PROPERTY OF THE METERS OF PUTTING THE PROPERTY OF THE PUTTING THE P	/as that on a <b>15</b> , <b>20</b> or <b>30</b> yr. term? (Circle one) xes and insurance altogether? \$ (PITI) tion in place for you and your family?  mation
Do you know what the home is worth? \$ WAND WHAT IS THE METERS OF PUTTING THE PROPERTY OF THE METERS OF PUTTING THE PROPERTY OF THE PUTTING THE P	/as that on a <b>15</b> , <b>20</b> or <b>30</b> yr. term? (Circle one) xes and insurance altogether? \$ (PITI) tion in place for you and your family?  mation
Smoker? Yes / No Height Weight	tion in place for you and your family?  mation
Medical Infor What prescriptions does your doctor	mation
What prescriptions does your doctor  Smoker? Yes / No HeightWeight	
What prescriptions does your doctor  Smoker? Yes / No HeightWeight	
Smoker? Yes / No HeightWeight	
Heart Problems: Vear:	Smoker? Yes / No HeightWeight
rear crioblems rear	Heart Problems: Year:
High blood pressure: # of Meds:	High blood pressure: # of Meds:
Stroke: Minor TIA / Major Year:	Stroke: Minor TIA / Major Year:
<b>Cancer:</b> Year:	<b>Cancer:</b> Year:
Last cancer treatment date:	Last cancer treatment date:
Asthma: Mild seasonal / Moderate / Severe	Asthma: Mild seasonal / Moderate / Severe
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? \$ /Yea
Life Insurance? Yes / No \$ Personal / Work	Life Insurance? Yes / No \$ Personal / Wor
Appointment         Day:	Time: