



**Needs Assessment Questionnaire**

Client's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Spouse's Name \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child/Age \_\_\_\_\_ Child/Age \_\_\_\_\_ Child/Age \_\_\_\_\_ Child/Age \_\_\_\_\_ Child/Age \_\_\_\_\_

\$ \_\_\_\_\_ Spouse's Monthly Income / Income Sources \_\_\_\_\_

Client's Monthly Income / Income Sources \_\_\_\_\_ Spouse's Monthly Income / Income Sources \_\_\_\_\_

Medical Conditions (Please List): **Smoker? Y / N** Medical Conditions (Please List): **Smoker? Y / N**

**Phone #:** \_\_\_\_\_ **Medical Information** **Email:** \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_ Medications: \_\_\_\_\_

\_\_\_\_\_

**Mortgage Information**

\$ \_\_\_\_\_ \$ \_\_\_\_\_ Mortgage Balance Mortgage Payment \_\_\_\_\_ Mortgage Term \_\_\_\_\_ Value \_\_\_\_\_ Equity \_\_\_\_\_ Mortgage Due Date \_\_\_\_\_

**Current Life insurance**

Company \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_ Benefactor \_\_\_\_\_ Company \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_ Benefactor \_\_\_\_\_

Alternative Coverages (401K, TSP, CD's, Cash, Pension, Etc.) \$ \_\_\_\_\_ Amount \_\_\_\_\_ Alternative Coverages (401K, TSP, CD's, Cash, Pension, Etc.) \$ \_\_\_\_\_ Amount \_\_\_\_\_

**Medicare Information**

Do you have **Medicare Supplement Plan** Y / N Do you have **Medicare Supplement Plan** Y / N

Carrier \_\_\_\_\_ Plan \_\_\_\_\_ Premium \$ \_\_\_\_\_ Carrier \_\_\_\_\_ Plan \_\_\_\_\_ Premium \$ \_\_\_\_\_

Do you have **Medicare Advantage Plan** Y / N Do you have **Medicare Advantage Plan** Y / N

Carrier \_\_\_\_\_ Plan \_\_\_\_\_ Premium \_\_\_\_\_ Carrier \_\_\_\_\_ Plan \_\_\_\_\_ Premium \_\_\_\_\_

**Estate Planning**

Do you have a **WILL?** Y / N Last Updated: \_\_\_\_\_ Do you have a **WILL?** Y / N Last Updated: \_\_\_\_\_