



CONFIDENTIAL · FOR ADVISOR USE
Client Needs Analysis

DATE _____
 ADVISOR _____
 FILE NO. _____

1 CLIENT INFORMATION —

CLIENT NAME

SPOUSE'S NAME

BENEFICIARY — *full name & relationship · space for two*

2 INCOME —

INCOME AMOUNT & SOURCE — *list each source separately (employer, SSA, pension, rental...)*

3 HOUSING & EXPENSES —

MORTGAGE / RENT (\$/mo)

HOME VALUE

AMOUNT OWING & LENGTH LEFT

OTHER DEBTS — *auto, credit card, student, medical*

UTILITIES · GROCERIES · OTHER BILLS — *monthly*

4 CURRENT LIFE INSURANCE —

COST	AMOUNT	COMPANY	TYPE	LENGTH IN PLACE

5 RETIREMENT & SAVINGS —

CHECK ALL THAT APPLY: Med Sup 401(k) Annuity TSP CD Savings IRA / Roth

DETAILS — *provider, balance, contribution, vesting*



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Health Questionnaire

CLIENT _____
DATE _____
FILE NO. _____

6 VITALS —

SMOKER <input type="checkbox"/> YES <input type="checkbox"/> NO	AGE	HEIGHT	WEIGHT
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7 CURRENT MEDICATIONS —

MEDICATION · DOSAGE · FREQUENCY · PRESCRIBING PHYSICIAN

8 HEALTH CONDITIONS —

LIST ALL CURRENT & PAST CONDITIONS — *include dates & treatment status*

9 ALWAYS ASK ABOUT —

<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Stroke	<input type="checkbox"/> Cancer	<input type="checkbox"/> COPD
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Organ Failure	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Depression	<input type="checkbox"/> Felony	<input type="checkbox"/> DUI

10 WHY — motivation for coverage / goals / family priorities —