

WELCOME TO OUR OFFICE



PLEASE PRINT

Date: _____

Your Legal Name (First, Middle, Last) Date of Birth

Marital Status: Married Single Divorced Widowed

Spouse's Legal Name (First, Middle, Last) Date of Birth

Home Address

City State Zip

Your Phone Number: _____ Cell Home Work

Spouse Phone Number: _____ Cell Home Work

Preferred Phone Number: _____ Cell Home Work

Your Email: _____ It is okay to communicate by email

Spouse Email: _____ It is okay to communicate by email

I prefer you communicate with me/us by (phone or email): _____

Are you a Veteran? Yes No

Is/was your spouse a Veteran? Yes No

HEAR HOW DID YOU ABOUT US? _____

HOW CAN I HELP YOU?

CONSULTATION FEE: New clients will receive first ½ hour free; \$350 hourly fee thereafter.
Specific fees for services will be arranged when your needs have been determined.

For Office Use Only

Appointments: Review Date: _____

Signing Date: _____

Followup Date: _____

Fee: _____