FIRST + LAST NAME: _____ DATE: _____

PHONE: (_____) _____ GENDER: (F) (M) | SMOKER (Y) (N)

DATE OF BIRTH: _____/____/_____ AGE: _____

EMAIL: _____

GOAL: _____x

MEDICAL CONDITIONS: Heart Attack - Stroke- Pacemaker - Stent - Cancer - Diabetes (insulin or pills)- neuropathy (nerve pain)- High blood pressure- Lupus- Asthma- Chronic obstructive pulmonary disease COPD (inhaler, steroids or oxygen)- Thyroid- Kidney or Liver Disease- Dialysis- Anxiety/Depression/Bipolar Cholesterol-Parkinson-Dementia/ Alzheimer-HIV (Aids) Cane or walker? **Any other disease not mentioned above?**

PRESCRIPTIONS: _____

_____

SURGERIES (DATE): _____

HEIGHT: _____ WEIGHT:_____

MARITAL STATUS: MARRIED: _____ SINGLE: ____ WIDOWER: _____ DIVORCED: _____

KIDS: _____ **BENEFICIARY**:_____

EMPLOYMENT STATUS: WORKING: (Y) (N) RETIRED: (Y) (N) DISABILITY: (Y) (N)

EMPLOYER: _____

OCCUPATION TITLE :_____

TIME IN COMPANY_____

MONTHLY INCOME: _____ RENT OR OWN? | PAYMENT:_____

MONTHLY SAVINGS: _____ HOUSEHOLD INCOME: _____

CRIMINAL HISTORY (Y) (N):

ALCOHOL/DRUGS:_____ DUI: _____

LIFE INSURANCE (Y) (N) PRIVATE / FROM WORK

NAME OF COMPANY: _____TYPE OF POLICY: _____

COVERAGE: _____ MONTHLY: _____ DATE:_____

GOLDEN Q: 401K / IRA / STOCKS / BONDS / MUTUAL FUNDS / CDs / SAVINGS

AMOUNTS: _____

END OF DISCOVERY CALL INVENTORY

START OF E-APP QUESTIONS

DRIVER LICENSE: _____ STATE_____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

PLACE OF BIRTH: _____

LEGAL STATUS
CITIZEN: (Y) (N) RESIDENT: (Y) (N) CARD#: _____ EXP: _____

SSN / ITIN # _____

NAME OF DOCTOR OR CLINIC _____

LAST VISIT: _____ PHONE: (_____)_____

ADDRESS: _____

FAMILY MEDICAL HISTORY
FATHER: ALIVE: (Y) (N) AGE / AGE AT DEATH +CAUSE:_____

MOTHER: ALIVE: (Y) (N) AGE / AGE AT DEATH +CAUSE:_____

NET WORTH: _____ + HOUSEHOLD NET WORTH: _____

BENEFICIARIES
NAME: _____ DOB: _____ RELATIONSHIP:_____

NAME: _____ DOB: _____ RELATIONSHIP:_____

NAME: _____ DOB: _____ RELATIONSHIP:_____

CONTINGENTS
NAME: _____ DOB: _____ RELATIONSHIP:_____

NAME: _____ DOB: _____ RELATIONSHIP:_____

NAME: _____ DOB: _____ RELATIONSHIP:_____

BANK INFORMATION
BANK NAME: _____

ROUTING # _____ ACCOUNT #_____

CHECKING / SAVINGS
CARRIER: _____ COVERAGE:_____

MONTHLY:_____