



Elder Law & Estate Planning Solutions

845 Church Street North . Suite 106 . Concord, NC 28025

of the Piedmont

DATE ___/___/___

Name _____ DOB: _____ Sex: M ___ F ___
Last Name First Middle Maiden

How would you rate your legal needs described here? (Circle one)

Extremely Urgent Urgent Standard Information Only

Do you have any documents that could help explain your situation?

If yes, list those documents and their dates _____

Do you have a Trust? (Check one) Yes No

Do you have a Will? (Check one) Yes No

Do you have a Power of Attorney (Check one) Yes No

Are you a Veteran, spouse or widow of a Veteran? (Circle one) Yes No

Have you been diagnosed with:

Alzheimer's Disease Yes No

Dementia Yes No

Parkinson's Yes No

Cancer Yes No

Do you have SSI/SSDI Yes No If yes, what is your disability? _____

Do you have Medicaid Yes No

Do you have a child with a disability? Yes No

Purpose of visit today: _____

Have you seen our website? (Circle one) Yes No

(QUESTIONS CONTINUED ON BACK)

Address: _____ Apt. _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone (_____) _____ Work Phone (_____) _____

Email Address: _____ Cell Phone (_____) _____

- I authorize emails concerning my case.
- I authorize emails of general interest from Elder Law & Estate Planning Solutions.
- I authorize a follow up call regarding my consultation. If yes, please list a contact number (_____) _____
- I authorize the firm to leave a voicemail message.

Spouse's Name _____ DOB _____

"I understand that no legal relationship was created by my visit because my case was not accepted by this office"

Signature: _____ Date: _____

HOW WERE YOU REFERRED TO US? (CIRCLE ONE) OFFICE SIGN WEBSITE NAELA/NC BAR OTHER _____

FRIEND: NAME OF FRIEND _____ ASSISTED LIVING COMMUNITY _____

ATTORNEY: NAME OF ATTORNEY _____ BANKER: NAME OF BANKER _____