

## CARE MANAGEMENT QUESTIONNAIRE

**This form is extremely important. Your accuracy and completeness in responding will help us best represent you. Bring this information with you to the appointment.**

---

### 1. CLIENT

A. Full Name of Client \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_  
Cell Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Social Security No. \_\_\_\_\_

B. Marital Status:       Married                       Single  
    Divorced                       Widowed - Date of Death \_\_\_\_\_  
Was spouse a Veteran?       No     Yes, If Veteran, dates of service \_\_\_\_\_

C. Birth Information:  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Became a Virginia Resident (approximate date) \_\_\_\_\_  
Citizen of:               USA               Other \_\_\_\_\_

D. Primary Physician Information:  
Name of Physician \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E. Health Care Insurance and Medical Information:  
Medicare # \_\_\_\_\_  
Medicaid # \_\_\_\_\_  
Allergies: \_\_\_\_\_  
   \_\_\_\_\_  
Diagnosed illnesses: \_\_\_\_\_  
   \_\_\_\_\_

Health Care Plan: \_\_\_\_\_  
Agent under Advance Medical Directive: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

List of Prescription Medication and Dosages (write in pencil for quick changes)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

F. Community References:

Close Neighbors: \_\_\_\_\_ Phone number \_\_\_\_\_

\_\_\_\_\_ Phone number \_\_\_\_\_

Friends: \_\_\_\_\_ Phone number \_\_\_\_\_

\_\_\_\_\_ Phone number \_\_\_\_\_

\_\_\_\_\_ Phone number \_\_\_\_\_

Lawn Care: \_\_\_\_\_ Phone number \_\_\_\_\_

Church attended \_\_\_\_\_ Phone number \_\_\_\_\_

Church Clergy \_\_\_\_\_ Phone number \_\_\_\_\_

Clubs/Organizations: \_\_\_\_\_

\_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone number \_\_\_\_\_

Hairdresser: \_\_\_\_\_ Phone number \_\_\_\_\_

G. Veteran's Information:

VA ID Number \_\_\_\_\_

Dates of Service \_\_\_\_\_ Branch of Service \_\_\_\_\_

2. **CONTACT**

Full Name of Contact \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_

Cell Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_ Social Security No. \_\_\_\_\_

Relationship to Client \_\_\_\_\_

**3. CLIENT'S SPOUSE**

If Client's spouse is different than the Contact above, furnish the following information:

Full Name of Spouse \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_  
Cell Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Social Security No. \_\_\_\_\_

**4. CLIENT'S CHILDREN (if applicable)**

A. Name of Child \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_  
Cell Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_

B. Name of Child \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_  
Cell Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_

C. Name of Child \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_  
Cell Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

**5. NURSING HOME/ASSISTED LIVING FACILITY**

Full Name of Nursing Home/Assisted Living Facility \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Facility Phone No. \_\_\_\_\_

Full Name of Contact \_\_\_\_\_

Contact's Direct Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

**6. CLIENT'S ACCOUNTANT**

Name of Accountant \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

**7. CLIENT'S INSURANCE AGENTS**

Life Insurance Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Car Insurance Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Owner's Agent \_\_\_\_\_

Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**8. CLIENT'S STOCK BROKER**

Name of Stock Broker \_\_\_\_\_  
Name of Account Representative \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**9. OTHER PROFESSIONAL ADVISORS**

A. Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_

B. Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**10. OUTSTANDING DEBT**

A. Name of Creditor \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_

B. Name of Creditor \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_

C. Name of Creditor \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_

**11. REAL ESTATE**

Addresses of All Real Estate Owned by Client:

A. Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Tax Block # \_\_\_\_\_, Lot # \_\_\_\_\_ (obtained from tax bill)  
Joint Ownership - Is property owned with someone else?  Yes  No

B. Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Tax Block # \_\_\_\_\_, Lot # \_\_\_\_\_ (obtained from tax bill)  
Joint Ownership - Is property owned with someone else?  Yes  No

**12. MONTHLY INCOME**

Provide monthly income and income sources which client receives:

Social Security \$ \_\_\_\_\_  
Pension with \_\_\_\_\_ \$ \_\_\_\_\_

Annuity with _____	\$ _____
Rent _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____

**13. RECEIVABLES**

List any receivables to which the client was entitled (i.e., Notes, Mortgages, Unsecured Debts):

A. Name of Debtor \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Amount of Receivable: \$ \_\_\_\_\_

B. Name of Debtor \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Amount of Receivable: \$ \_\_\_\_\_

**14. PRIOR GIFTS**

Did Client make any gifts in excess of \$10,000 in any calendar year to any one individual?

Yes       No

If yes, please attach a list of the names and addresses of the recipients, the dates, and the amounts.

**15. SAFE DEPOSIT BOX**

Name of Bank \_\_\_\_\_  
 Name of Contact Person \_\_\_\_\_  
 Branch - Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name(s) in Which Box Was Held \_\_\_\_\_

**16 CERTIFICATION**

The undersigned hereby represents to Oast & Hook P.C., and each of its attorneys that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. The undersigned understands that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client:

\_\_\_\_\_