

QUESTIONNAIRE

In order to better serve you, please complete the requested information.

Date: _____

Name (s): _____

Address: _____

Phone: _____

Alt. Phone: _____

Fax: _____

Email: _____

Social Security Number (s): _____

Drivers License Number (s): _____

Reason for your appointment: _____

How did you hear about us? _____

A note about fees:

The initial meeting requires a fee of \$250 payable in advance, which covers a meeting of up to one hour. Thereafter any additional services are charged according to our current fee schedule. An additional fee may be required depending on the complexity of the engagement. Please be prepared to pay for initial fees today. I/We agree to have services rendered in accordance with this agreement.

X _____

X _____