



APPT DATE / TIME: _____

OH BY THE WAY....

VERIFY THE INFO PROVIDED ON LEAD! (ADDRESS, SPOUSE NAME AND INFO, MTG INFO)
ANY HISTORY OF THE FOLLOWING HEALTH CONDITIONS?

<p>MR _____</p> <p>CIRCLE ANY THAT APPLY:</p> <p>STROKE DIABETES CANCER HEART-ATTACK OXYGEN, WALKER OR WHEEL CHAIR?</p> <p>MEDICATIONS? FOR?</p>	<p>MRS _____</p> <p>CIRCLE ANY THAT APPLY:</p> <p>STROKE DIABETES CANCER HEART-ATTACK OXYGEN, WALKER OR WHEEL CHAIR?</p> <p>MEDICATIONS? FOR?</p>
--	---

GET DIRECTIONS TO THE HOUSE....IS THE NUMBER ON HOUSE OR MAILBOX?

_____ TAKE DOWN YOUR INFORMATION

_____ VERIFY THAT SPOUSE WILL BE PRESENT (IT'S A MUST!!!)

_____ ASK THE CLIENT - "WHAT DAY DID I SAY I'M COMING OUT? AND WHAT TIME?"

ADDITIONAL NOTES