

Kalorama Wealth Strategies, LLC

Initial Consultation Form

Date:

Referred by:

CLIENT 1

CLIENT 2

Name:

Address:

Address:

Home phone:

Work phone:

Email address:

Date of birth:

Marital status:

Single:

Partners:

Date: _____

Married:

Date: _____

Divorced:

Date: _____

Widowed:

Date: _____

Employer:

Occupation:

of years:

Annual income: _____ (gross or net)

Other income: _____ Source: _____

Expected retirement date: _____

Health status/smoker?: _____

Children/other dependents (names, relationship, and date of birth): _____

Financial Information:

Assets - Current Value

Cash, checking, savings _____

Taxable investments _____

Retirement plan investments _____

IRA/SEP IRA _____

401k/403b _____

Other _____

Personal residence _____

Other real estate _____

Vehicles _____

Businesses _____

Limited partnerships _____

Stock options/warrants _____

Personal property _____

Life insurance cash value _____

Total Assets _____

Annual expenses (including taxes) _____

Liabilities - Current Balance

Mortgage - residence _____

Home equity loan _____

Home equity line _____

Other mortgages _____

Auto loans _____

Student loans _____

Investment loans _____

Personal loans _____

Credit cards _____

Bank loans _____

Life insurance loans _____

Other _____

Other _____

Total Liabilities _____

NET WORTH _____

Annual savings _____

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Life Insurance:

Insured	Company	Type (Term/Perm)	Amount	Beneficiary

Disability Insurance:

Insured	Company	Monthly Benefit	Group or Individual	Premiums paid by?

Long-term Care Insurance:

Insured	Company	Daily Benefit	Group or Individual	Premiums paid by?

Estate Planning/Asset Protection:

Do you have?

	Client 1	Client 2
Wills	<input type="checkbox"/>	<input type="checkbox"/>
Powers of attorney	<input type="checkbox"/>	<input type="checkbox"/>
Trusts	<input type="checkbox"/>	<input type="checkbox"/>
Living Will	<input type="checkbox"/>	<input type="checkbox"/>
Other Documents	<input type="checkbox"/>	<input type="checkbox"/>
Excess (umbrella) liability	<input type="checkbox"/>	<input type="checkbox"/>

Financial Goals and Areas of Interest:

<input type="checkbox"/> Investment Planning	<input type="checkbox"/> Cash Flow Analysis
<input type="checkbox"/> Investment Advisory/Management	<input type="checkbox"/> Net Worth Analysis
<input type="checkbox"/> Retirement Planning	<input type="checkbox"/> Tax Planning
<input type="checkbox"/> Education Funding	<input type="checkbox"/> Estate Plan Review
<input type="checkbox"/> Insurance Planning	<input type="checkbox"/> Other _____

Critical Financial Concerns (list top three in order of importance):

Other Comments:
