

Law Office of Carol A. Lawson
CONSULTATION QUESTIONNAIRE

DATE: _____

REFERRED BY: Letter News T.V. Foreclosure Letter Valley Yellow Pages Internet
Bell South Yellow Pages St. Pete Times GTE Yellow Pages Friend Attorney
Clearwater Bar Other _____

CIVIL STATUS: Married Separated Divorced Single Other

Living Will/Health Care Surrogate Intake

Client Email: _____	Spouse Email: _____
Full Name: _____	Full Name: _____
Mailing Address: _____	Mailing Address: _____
Street Address: _____	Street Address: _____
City: _____ County: _____	City: _____ County: _____
State: _____ Zip: _____	State: _____ Zip: _____
Home Tel: _____ Work: _____	Home Tel: _____ Work: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Hourly Wage: _____	Hourly Wage: _____
Social Security Number: _____	Social Security Number: _____
U.S Citizen or Permanent Resident Alien? Yes <input type="checkbox"/>	U.S Citizen or Permanent Resident Alien? Yes No <input type="checkbox"/>
No <input type="checkbox"/>	

Wishes Concerning Feeding Tubes _____

Wishes Concerning Hydration _____

Wishes Concerning Pain Medication _____

Name of HealthCare Surrogate _____

Address of Health Care Surrogate _____

Phone _____

Name of HealthCare Surrogate _____

Address of Health Care Surrogate _____

Phone _____