

Client Information Sheet



Smith Coffey Consultant

PERSONAL DETAILS	YOU	PARTNER
Preferred Title		
Surname*		
First Name*		
Middle Names		
Preferred Name		
DOB*		
Home Address*		
Mailing Address		
Home Phone		
Mobile Number		
Home Facsimile		
Home Email		
Gender (M or F)		
Smoker (Y or N)		
Marital Status		
If over 65	Do you have a Commonwealth Seniors Health Card? Y N	Do you have a Commonwealth Seniors Health Card? Y N
Residency Status	Citizen Permanent Temporary	Citizen Permanent Temporary
Birth Place	Town/City AND Country	Town/City AND Country

CHILDREN / DEPENDANTS

Names	DOB	Gender	School	Occupation

Are all Dependants above covered by your Private Health provider for private patient hospital cover

Yes No

BUSINESS DETAILS	YOU	PARTNER
Occupation/Specialty		
Employer		
Address		
Phone		
Pager		
Facsimile		
Mobile Number		
Secretary		
Business Email		

How did you hear about us?

Referral from existing client

Internet / Google Search

Smith Coffey Presentation

Advertising / Articles

Other (please detail below)

Client Name: _____

Details: _____

Details: _____

What are your personal objectives?

What are your financial objectives?

Is there anything else we can do for you?

Office Use Only

Client has now received a copy of the FSG

Date _____

Signed _____