Falcon FEX — Needs Analysis

CLIENT 1

First Name | Last Name | DOB

Phone | State

Height | Weight

Receives & can open texts?	■ Y ■ N
Tobacco / nicotine use?	■ Y ■ N
Oxygen / wheelchair / assisted living?	■ Y ■ N

HEALTH CONDITIONS (LAST 5 YEARS)

Cancer	■ Y ■ N
Heart Attack / Heart Disease	■ Y ■ N
Stroke / TIA	■ Y ■ N
COPD / Emphysema	■ Y ■ N
Diabetes	■ Y ■ N
Kidney Disease	■ Y ■ N
Respiratory Issues	■ Y ■ N
Alzheimer's / Dementia	■ Y ■ N

Medications (name / dosage):

CLIENT 2

First Name | Last Name | DOB

Phone | State

Height | Weight

Receives & can open texts?	■ Y ■ N
Tobacco / nicotine use?	■ Y ■ N
Oxygen / wheelchair / assisted living?	■ Y ■ N

HEALTH CONDITIONS (LAST 5 YEARS)

Cancer	■ Y ■ N
Heart Attack / Heart Disease	■ Y ■ N
Stroke / TIA	■ Y ■ N
COPD / Emphysema	■ Y ■ N
Diabetes	■ Y ■ N
Kidney Disease	■ Y ■ N
Respiratory Issues	■ Y ■ N
Alzheimer's / Dementia	■ Y ■ N

Medications (name / dosage):

Falcon FEX — Needs Analysis (cont.)

CLIENT 1

DISCOVERY

Married? ■ Y ■ N

Existing life insurance? ■ Y ■ N

If yes — carrier / policy details:

■ Burial ■ Cremation ■ Unsure

Coverage needed $

BENEFICIARY

List beneficiaries — mark primary:

Name	Relationship	■ Primary
Name	Relationship	■ Primary
Name	Relationship	■ Primary

PLAN OPTIONS

■■ BRONZE	■■ SILVER	■■ GOLD
Coverage:	Coverage:	Coverage:
Monthly:	Monthly:	Monthly:
■ Selected	■ Selected	■ Selected

Carrier Draft Date

CLIENT 2

DISCOVERY

Married? ■ Y ■ N

Existing life insurance? ■ Y ■ N

If yes — carrier / policy details:

■ Burial ■ Cremation ■ Unsure

Coverage needed $

BENEFICIARY

List beneficiaries — mark primary:

Name	Relationship	■ Primary
Name	Relationship	■ Primary
Name	Relationship	■ Primary

PLAN OPTIONS

■■ BRONZE	■■ SILVER	■■ GOLD
Coverage:	Coverage:	Coverage:
Monthly:	Monthly:	Monthly:
■ Selected	■ Selected	■ Selected

Carrier Draft Date

ADDRESS

Street Address

City State Zip