

CLIENT ENROLLMENT FORM

To get started, complete the form below and return it to your sponsoring law firm.

First Name	Last Name	Gender Email Address			
Mailing Address	City, Sta	te & Zip Code			
Date of Birth	Home Telephone		Alternative Telephon	е	
EMERGENCY CONTACTS					
First Name Last Nam	e Relationship	Home Telephon	e Mobile Telephor	ne Work Telephone	
PHYSICIAN INFORMATION					
Physician Name	Practice Name		Office Telephon	e Office Fax	
•			·		
Physician's Office Address		City, State & Zip C	ode		
MEDICAL CONDITIONS					
☐ Alzheimer's ☐ Arthritis ☐ A	Asthma □ Cancer □ Cancer	survivor Diabetes	☐ Hearing loss ☐	High blood pressure	
☐ Heart disease ☐ Low vision	☐ Lung disease ☐ Stroke h	istory 🗆			
ALLERGY INFORMATION					
☐ Penicillin ☐ Bee Stings ☐ :	Shellfish ☐ Sulfa ☐ Latex	□ Nuts □			
MEDICATIONS					
Dosag	ge: Frequency:	_ 🗆	Dosage:	Frequency:	
□ Dosag	ge: Frequency:	_ 🗆	Dosage:	Frequency:	
CARD NOTE (Ex: "Pets at home", "Diabetic", "Has Pacemaker"; limited to 30 characters, use one letter per space)					
POST MORTEM ACCESS				· · · · ·	
First Name Last Name			Relationship		
Client Certification: I request that Legal\(\) information available to my healthcare p available to anyone who has access to r access. I certify that the information sup documents and information. I agree to ir my legal healthcare documents or health and my sponsoring law firm for any dam unauthorized use of this service. By property of the property of the exclusive stomatic signature:	roviders. I am aware that my legal himy security access code and I will no uplied to LegalVault by me on this for immediately notify LegalVault in writing note information or to convey my deages resulting from their reliance on oviding a fax number for my physicial sician. I understand that I am enrolling rage of my documents and information	ealthcare documents and he thold LegalVault or my sporm is correct and that the strain or to their sporm or their sporm or their sporm or their sporm or the security of these certifications or on a man, I am granting LegalVault or in this service for convenion.	nealthcare information are to proposed aw firm responsible or documents are my cut secure website in the event be. I will indemnify and hold ny inaccurate information I and my sponsoring law fire	going to be made ple for any unauthorized prent legal healthcare t I revoke or modify any of d harmless LegalVault supply or for any m permission to provide lying on LegalVault or my	