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In order for us to help you and save you some money, please take a moment to fill out and return the questionnaire. Please answer questions which apply to your issues. We will review your responses and contact you to set up an appointment.

PRELIMINARY INTAKE

Date: _____ Referred by _____
Name: _____
Street Address (not P.O. Box): _____
Home Phone: _____ Spouse or Partner's Name: _____
Cell Phone/Pager: _____ Spouse or Partner's Employer _____
Work Phone: _____ Spouse or Partner's Work Number: _____
Employer: _____
E-Mail Address (home) _____ E-mail Address(work) _____

OTHER

In what way can we help you? _____
Are there other things you wish to discuss with us? _____

Do you have a will? _____ Do you have a durable power of attorney for health care? _____ Do you have a living will? _____ Have you reviewed them recently? Would you like assistance with preparing these documents? _____

OFFICE USE ONLY

Advised of Consult Fee: Yes ___ No ___ Cost of Consultation _____:
Questionnaire Needed: Removal/Termination _____ Non-Termination General Intake _____
EEO and Comp Damages forms _____; Consequential Damages _____:
Referred to Web Page _____ Sent /Pickup Date _____:
Appointment Scheduled:

(Following Questionnaire Return)

Date: _____ Time: _____
Disposition _____ Any other Info: _____

Once you have completed the questionnaire, please fax to our office at (404) 636 8711