



Confidential Medicare Needs Analysis

Client Name _____ DOB _____

Address _____ City _____ Zip _____

Medicare # _____ Part A Eff _____ Part B Eff _____

Medicaid/LIS? ☐ Yes ☐ No Snow Birds/Travel? _____

Current Company _____ Plan Code _____

Are there any parts of the current plan they are unhappy with?

Any of the following health conditions?

☐ Diabetes: _____ ☐ Lung Issues: _____ ☐ Heart Issues: _____

Are there any benefits of particular interest?

☐ Dental ☐ Vision ☐ Hearing ☐ Hospital ☐ Gym/Fitness ☐ Pharmacy Cash

☐ Other: _____

	Name of Doctor	Specialty	Must?
1			
2			
3			
4			
5			
6			
7			
8			

	Name of Drug	Strength (mg., liter, drops...)	Quantity Prescribed	Form (tablet, capsule or injection?)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Other Notes
