

Client Intake Form: Medical Residents and Fellows

Today's Date

INSTRUCTIONS: PLEASE READ CAREFULLY

1. Complete the information requested below, save a copy, and send to paul@PGPresents.com.
2. Include a PDF or Word copy of your NSLDS Financial Aid Summary available at www.NSLDS.ed.gov/. Please do NOT send text file from NSLDS.
3. Under Student Loans, use the drop down menu and list only loans NOT on NSLDS.
4. We will contact you about a consultation once both your Client Intake Form (CIF) and NSLDS record are received.

Full Name _____	Medical School _____	Graduation Date <input type="text"/>
Phone Number _____	Residency Program _____ <i>For example, Pediatrics at State University Hospital</i>	Completion Date <input type="text"/>
Email Address _____	Current Status _____ <i>For example, M4, PGY-1, PGY-2, etc.</i>	Fellowship <input type="text"/>
Marital Status _____ Family Size _____	Did not file a prior year return <input type="checkbox"/>	Estimated Current Annual Gross Income _____
Prior Year Adjusted Gross Income (AGI) _____	Current State Where You Reside _____ Comments _____	

Type of Service Requested (check only one): One-Time Consultation PG On-Call®

Student Loans*	Academic Year	Current Balance	% Rate	Status	Current Loan Servicer
Total					

**Do not include any loans listed on NSLDS (see Step 3 above).*

