## **HEALTH INTAKE FORM**

Please fill out the questionnaire carefully. The information you provide will be used to complete your health profile and will be kept confidential.

| Date: 9/14/19  |
|--|
| Name: Sally Walker DOB: 09/04/1986   |
| Address: 24 Barney Lane City: Towa (o State: NJ Zip: 07082                     |
| Email: Sally, Walter Cmail. com Phone #: (906) 917-3486                        |
| Gender: F Marital Status: Shape Occupation: Software Engineer                  |
| Referred By: None  |
| Emergency Contact: <u>Eva. Walker</u> Emergency Contact Phone: (906) 339 -8926 |
| Describe your medical concerns (symptoms, diagnoses, etc):                     |
| Runny nose, mucas in throat, weakness,   |
| aches, chills, fired   |
|  |
|  |
|  |
|  |
| Are you currently taking any medication? (If yes, please describe):            |
| Vyvanse (25mg) daily for attention   |
|  |
|  |
|  |

## Loan Agreement Form

| Agreement Number: 0123456789  |   |           |  |  |  |                 |  |  |  |
|---|---|-----------|--|--|--|-----------------|--|--|--|
| Agreemen  | t date: 0   | 1/01/2020 |  |  |  |                 |  |  |  |
| This loan agreement is commenced between the parties:  Mortgage company contact details:                  |   |           |  |  |  |                 |  |  |  |
| Name:   | Mortgage company A  |           |  |  |  |                 |  |  |  |
| Address:  | ss: 100 Franklin Street, Mountain View, CA, 94035                           |           |  |  |  |                 |  |  |  |
| Phone number: 1-800-843-8623  |   |           |  |  |  |                 |  |  |  |
| (hereinafter referred to as the lender)   |   |           |  |  |  |                 |  |  |  |
| Individual details:   |   |           |  |  |  |                 |  |  |  |
| Name:   | Arjun Patel Marital status: Single $oximes$ Married $oximes$ Other $oximes$ |           |  |  |  | Other $\square$ |  |  |  |
| Address:  | 500 Castro Street, Mountain View, CA 94035                                  |           |  |  |  |                 |  |  |  |
| Phone number: 650-987-0934  |   |           |  |  |  |                 |  |  |  |
| (hereinafter referred to as the borrower)   |   |           |  |  |  |                 |  |  |  |
| [Fill in all details as per instructions]   |   |           |  |  |  |                 |  |  |  |
| The lender is ready to sanction \$ 2000 as the loan amount at 6.0 %.                                      |   |           |  |  |  |                 |  |  |  |
| [Total loan amount along with the agreed percentage rate].  |   |           |  |  |  |                 |  |  |  |
| This loan agreement is valid from <u>01/01/2020</u> and is ending on <u>12/31/2020</u> .                  |   |           |  |  |  |                 |  |  |  |
| Terms & agreements:   |   |           |  |  |  |                 |  |  |  |
| The borrower will pay an installment of \$\ 38.67  per month for \ 5  years.<br>[Amount & tenure of loan] |   |           |  |  |  |                 |  |  |  |
| Any late ins  | Any late installment will be accepted with \$ 40  as a fine.                |           |  |  |  |                 |  |  |  |

## Invoice

**DATE**: 01/01/1970 INVOICE: NO. 001

FROM: Company ABC TO: John Doe

user@companyabc.com johndoe@email.com

ADDRESS: 111 Main Street ADDRESS: 222 Main Street Anytown, USA

Anytown, USA

**TERMS**: 6 month contract

**DUE**: 01/01/2025

| Item Description | Quantity | Price       | Amount    |
|------------------|----------|-------------|-----------|
| Tool A           | 500      | \$1.00      | \$500.00  |
| Service B        | 1        | \$900.00    | \$900.00  |
| Resource C       | 50       | \$12.00     | \$600.00  |
|                  |          |             |           |
|                  |          | Subtotal    | \$2000.00 |
|                  |          | Тах         | \$140.00  |
|                  |          | BALANCE DUE | \$2140.00 |

## NOTES:

Supplies used for Project Q.