

**** Confidential Planning Information (for Individual-Short Form) ****

For Use by the Elder Law Practice of David L. McGuffey

Your appointment with this office is: _____

Our address is 105 North Pentz Street, Dalton, Georgia 30720.

These questions pertain to the person (“you”) for whom we are planning. Please do your best, but don't worry if some of the information you need to complete this form is not available to you.

Please call us at (706) 428-0888 if you have any questions or concerns about completing this form.

Date: _____

Referred by: _____

I. Personal Information

Your Name: _____

Your Spouse: _____

Address: _____

Date of birth: _____

Place of birth: _____

Phone: _____

Date of death: _____

Email: _____

Place of death: _____

County: _____

SSN: _____

Date of birth: _____

U. S. citizen?: Yes No

Place of birth: _____

Veteran?: Yes No

SSN: _____

U. S. citizen?: Yes No

Veteran?: Yes No

Marriage Information:

Date and place of marriage: _____

Children (names, addresses, ages):

1. _____

2. _____

3. _____

4. _____

If you are not living at home:

Name of facility: _____

Date of admission: _____

Information About Your Health

1. What medical or health problems do you currently have?

2. What medical problems have you had in the past?

3. Please list all of the medications you are currently taking:

Medication

Why Are You Taking This Drug?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Does your family have a history of health problems (for example, heart disease, cancer, or Alzheimer's disease)? Describe:

Tell us about your parents:

	Your Mother	Your Father
Age at Death:		
Cause of Death:		

5. Name of your personal physician(s):

Name:

Address: _____

City/State: _____

Medical specialty: _____

Telephone #: _____

Name: _____

Address: _____

City/State: _____

Medical specialty: _____

Telephone #: _____

6. Functional Limitations and Support

The term “activities of daily living” refers to the basic tasks of everyday life. When people are unable to perform these activities, they need help in order to cope, from either other human beings or mechanical devices (such as a walker or wheelchair) or both.

Why do we want this information? Measurement of the activities of daily living is critical because the more assistance people need with their daily activities, the more likely are they to be admitted to a nursing home or other living arrangement; to use paid home care; to use hospitals and doctors; and to die sooner rather than later.

Place an X in the box that most applies for each activity.

Activities of Daily Living			
Activity	Need No Help	Need Some Help	Unable to Do At All
Bathing			
Dressing			
Transferring from bed to chair			
Walking			
Feeding Self			
Using the toilet			
Grooming			

Instrumental Activities of Daily Living			
Activity	Need No Help	Need Some Help	Unable to Do At All
Using the telephone			
Getting out by car or public transport			
Grocery shopping			
Preparing meals			
Doing housework or handyman work			
Doing laundry			
Taking medications			
Managing money			

	Place Where You Live	Since When?
<input type="checkbox"/>	Single-family home	
<input type="checkbox"/>	Same, but someone assists you there with above activities	
<input type="checkbox"/>	Apartment or retirement living community	
<input type="checkbox"/>	Assisted-living facility	
<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Nursing home	

List the names of all persons who provide assistance or caregiving for you:

Do you have any dependents (that is, someone who depends on you, in whole or in part, for their support)? Yes No

If yes, who?: _____

Are any of your children receiving Supplement Security Income, Social Security Disability; or, if not, has any major disabilities? Yes No

If yes, who?: _____

II. Resources

Monthly Income

Do not list interest or dividend income.

Source	
Social Security:	
Pension:	
Other:	
Total:	

Real Estate You Own

A. Personal Residence

Address of property: _____

Names as they appear on deed: _____

Date Acquired: _____ Purchase Price: _____

Current Value: _____ Tax-Appraised Value: _____

Mortgage Balance: _____

B. Other Real Estate

Address of property: _____

Names as they appear on deed: _____

Date Acquired: _____ Purchase Price: _____

Current Value: _____ Tax-Appraised Value: _____

Mortgage Balance: _____

Other Assets: Your bank accounts, CDs, annuities, stocks, retirement plans, and the like.

Type of Asset	Company Name	How Is It Titled?	Value

Life Insurance	Policy 1	Policy 2
Company Name		
Owner of Policy		
Insured		
Beneficiary		
Death Benefit (face value)		
Current Cash Value (if any)		
Loan Against Policy (if any)		

List large items of personal property you own (cars, boats, RVs, farm equipment, etc.):

Personal Property (Item)	Value

Do you have a prepaid funeral or burial? Yes No

If yes, describe the arrangements: _____

Have you given away any money or property within the last 60 months? Yes No

If you have, what did you give away and when? _____

Do you have any of the following documents?	
Durable Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Care Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No
Revocable Living Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please specify) _____	

If you have any of the above documents, please bring them with you to the meeting.

Do you have any additional concerns that are not discussed above?:

We cannot provide accurate advice without accurate information. The Elder Law Practice will rely on the information you provide to us in this Workbook. By signing below, you are stating that the information provided in this document is true and accurate to the best of your knowledge.

Signature

Date
