

**LONG TERM CARE PLANNING**  
**CLIENT INFORMATION FORM**

Client: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 \_\_\_\_\_ Veteran, Y or N:# \_\_\_\_\_

Spouse: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 \_\_\_\_\_ Veteran, Y or N:# \_\_\_\_\_

**MEDICAL INFORMATION**

	<b>CLIENT</b>	<b>SPOUSE</b>
Physical status	_____	_____
Mental status	_____	_____
Significant Medical History	_____	_____
Medicare number	_____	_____
Secondary insurance	_____	_____
	Policy Number _____	Policy Number _____
Primary physician: Name	_____	_____
	Phone _____	Phone _____
Other medical providers: Name	_____	_____
	Phone _____	Phone _____
	Name _____	Name _____
	Phone _____	Phone _____

**INCOME**

<b>SOURCE</b>	<b>AMOUNT: CLIENT</b>	<b>SPOUSE</b>
Social Security	_____	_____
SSI/SSD	_____	_____
Veterans benefits	_____	_____
Pension	_____	_____
Other	_____	_____

**ASSET INFORMATION**

<b>Real Estate</b>	
Address _____	Value _____
Address _____	Value _____

**Vehicles (include all motor vehicles)**

Description _____	Owner _____	Value _____
Description _____	Owner _____	Value _____
Description _____	Owner _____	Value _____

**ASSET INFORMATION, Continued**

**Bank Accounts**

Bank _____	Type of acct _____	Value _____
Bank _____	Type of acct _____	Value _____
Bank _____	Type of acct _____	Value _____
Bank _____	Type of acct _____	Value _____

**Life Insurance**

1. Coverage Amount _____	Company and Policy No. _____
Current Cash Value _____	Current Death Benefit _____ Premium _____
2. Coverage Amount _____	Company and Policy No. _____
Current Cash Value _____	Current Death Benefit _____ Premium _____
3. Coverage Amount _____	Company and Policy No. _____
Current Cash Value _____	Current Death Benefit _____ Premium _____

**Brokerage Accounts**

Institution _____	Type of acct _____	Value _____
Institution _____	Type of acct _____	Value _____

**Stocks**

Company _____	Owner _____	Value _____
Company _____	Owner _____	Value _____
Company _____	Owner _____	Value _____

**Bonds**

Type _____	Owner _____	Value _____
Type _____	Owner _____	Value _____
Type _____	Owner _____	Value _____

**ESTATE PLANNING DOCUMENTS**

	<b>CLIENT</b>		<b>SPOUSE</b>	
Do you have: Will	( ) Yes	( ) No	( ) Yes	( ) No
Trust	( ) Yes	( ) No	( ) Yes	( ) No
Financial POA	( ) Yes	( ) No	( ) Yes	( ) No
Health Care POA	( ) Yes	( ) No	( ) Yes	( ) No
Living Will	( ) Yes	( ) No	( ) Yes	( ) No

**NOTE:** During the last 60 months, have either you or your spouse made any large gifts (\$750 or more in value), placed any property into trust, transferred any real estate or other property for less than fair market value, or removed or added names to joint accounts? If yes, please list each action and explain when and why the transfer was made:

WHEN	WHAT TRANSFERRED	VALUE	TO WHOM	EXPLANATION.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have gift tax returns ever been filed to report gifts made? \_\_\_\_\_ **\*\*\* IF YES, please bring copies of the returns to your appointment.**

***PLEASE ATTACH ANY ADDITIONAL SHEETS IF MORE SPACE IS NEEDED***