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

**INCOME**

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

**ASSET INFORMATION**

**Real Estate**  
**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**

	CLIENT		SPOUSE	
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***