

The Next Step/ElderAssist®

Initial Consultation Worksheet

LIFE INSURANCE:

Company: _____

Cash Value: \$ _____ \$ _____ \$ _____

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Cash Value: \$ _____ \$ _____ \$ _____

PRE-PAID FUNERAL PLANS:

Funeral Home: _____

Purchase Price: \$ _____ \$ _____ \$ _____

BURIAL PLOTS:

Location/Number: _____

Purchase Price: \$ _____ \$ _____ \$ _____

REAL ESTATE:

Location: _____

Value/Debt: \$ _____ \$ _____ \$ _____

Names on Deed: _____

AUTOMOBILES:

Year/Make: _____

Value: \$ _____ \$ _____ \$ _____

Name on Title: _____

RECREATIONAL/FARM VEHICLES:

Year/Make: _____

Value: \$ _____ \$ _____ \$ _____

MISC. PERSONAL PROPERTY THAT IS INSURED:

Furniture: _____

Jewelry : _____

excluding wedding/engagement rings, watches, costume items

BANK ACCOUNTS: (CHECKING, Savings, CDs, IRAs)

Bank/Type: _____

Current Balance: \$ _____ \$ _____ \$ _____

Bank/Type: _____

Current Balance: \$ _____ \$ _____ \$ _____

INVESTMENTS: (Stocks, Bonds, Mutual Funds, Annuities)

Description: _____

Current Value: \$ _____ \$ _____ \$ _____

Description: _____

Current Value: \$ _____ \$ _____ \$ _____

MISC. ASSETS: (Notes, Mortgages, Trust Funds)

Description: _____

Current Value: \$ _____ \$ _____ \$ _____

Long Term Care Insurance: _____

Period of Coverage: _____

Daily Rate: \$ _____

Maxium Benefit: \$ _____

INCOME and EXPENSE INFORMATION

PATIENT

SPOUSE

Social Security: (Net)	\$ _____ (month)	Social Security: (Net)	\$ _____ (month)
Pensions: (Gross)	\$ _____ (month)	Pensions: (Gross)	\$ _____ (month)
Widow's(er's) Benefit:	\$ _____ (month)	Widow's(er's)Benefits:	\$ _____ (month)
Other Income:	\$ _____ (month)	Other Income:	\$ _____ (month)
Pharmacy Charges:	\$ _____ (month)	Home Owner's Insurance:	\$ _____ (year)
Nursing Home Bill:	\$ _____ (month)	Included in Mortgage:	(Yes) (No)
Health Ins. Premium:	\$ _____ (month)	Real Estate Tax:	\$ _____ (year)
Medicare Part D Prem:	\$ _____ (month)	Included in Mortgage:	(Yes) (No)
Misc. Charges:	\$ _____ (month)	Medicare Part D Premium:	\$ _____ (month)
Veteran:	(Yes) (No)	Mortgage/Rent:	\$ _____ (month)
Dates of Service:	_____		

FIVE (5) YEAR ASSET HISTORY:(Property Transfers; Lump Sum Withdrawals/Deposits,Property Sales)

Description/Date:	_____	_____	_____
Amount:	\$ _____	\$ _____	\$ _____
Description/Date:	_____	_____	_____
Amount:	\$ _____	\$ _____	\$ _____