

Long Term Care Planning Questionnaire  
Client Information Form

**Client**

Full Name \_\_\_\_\_

Known by Other Names \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Other Residence(s)

1. Address \_\_\_\_\_

Phone: \_\_\_\_\_

2. Address \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

U.S. Citizen Yes \_\_\_ No \_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_

Previous Marriages:

Name of Former Spouse \_\_\_\_\_

Marriage dates (from - to) \_\_\_\_\_

Financial Obligations/Benefits \_\_\_\_\_

**Spouse**

Full Name \_\_\_\_\_

Known by Other Names \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Date of Birth\_\_\_\_\_ Birthplace\_\_\_\_\_

U.S. Citizen Yes\_\_\_\_ No\_\_\_\_ Social Security Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Marital Status: Single\_\_\_\_\_ Married\_\_\_\_\_ Widowed\_\_\_\_\_ Divorced\_\_\_\_\_

Previous Marriages

Name of Former Spouse\_\_\_\_\_

Marriage dates (from - to)\_\_\_\_\_

Financial Obligations/Benefits\_\_\_\_\_

\_\_\_\_\_

**Children** (for each child- please attach additional sheets if necessary)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Marital Status and name of Spouse \_\_\_\_\_

Special Needs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Grandchildren (child's children)**

Names and Ages \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Needs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Work History**

**Client**

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Previous Significant Positions \_\_\_\_\_

Salary\_\_\_\_\_

**Spouse**

Name of Employer\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_ Fax\_\_\_\_\_

Previous Significant Positions\_\_\_\_\_

Salary\_\_\_\_\_

**Financial Information**

**Retirement Date**

Client\_\_\_\_\_ Spouse\_\_\_\_\_

**Other Income - Client**

Fees\_\_\_\_\_ Commissions\_\_\_\_\_

Interest\_\_\_\_\_ Dividends\_\_\_\_\_

Pensions\_\_\_\_\_ Annuities\_\_\_\_\_

Royalties\_\_\_\_\_ Trust Income\_\_\_\_\_

Other\_\_\_\_\_

**Other Income - Spouse**

Fees\_\_\_\_\_ Commissions\_\_\_\_\_

Interest\_\_\_\_\_ Dividends\_\_\_\_\_

Pensions\_\_\_\_\_ Annuities\_\_\_\_\_

Royalties\_\_\_\_\_ Trust Income\_\_\_\_\_

Other\_\_\_\_\_

**Assets**

A. Personal Property (for each property)

Owner \_\_\_\_\_ Value \_\_\_\_\_

Description/Location \_\_\_\_\_

Owner \_\_\_\_\_ Value \_\_\_\_\_

Description/Location \_\_\_\_\_

Owner \_\_\_\_\_ Value \_\_\_\_\_

Description/Location \_\_\_\_\_

B. Bank Accounts

Owner \_\_\_\_\_ Acct. No. \_\_\_\_\_

Balance \_\_\_\_\_ Location \_\_\_\_\_

Type of Account \_\_\_\_\_

Owner \_\_\_\_\_ Acct. No. \_\_\_\_\_

Balance \_\_\_\_\_ Location \_\_\_\_\_

Type of Account \_\_\_\_\_

Owner \_\_\_\_\_ Acct. No. \_\_\_\_\_

Balance \_\_\_\_\_ Location \_\_\_\_\_

Type of Account \_\_\_\_\_

C. Stocks and Bonds (for each)

Owner \_\_\_\_\_ No. of Shares \_\_\_\_\_

Date Acquired \_\_\_\_\_ Basis \_\_\_\_\_

Description \_\_\_\_\_ Value \_\_\_\_\_

Owner \_\_\_\_\_ No. of Shares \_\_\_\_\_

Date Acquired \_\_\_\_\_ Basis \_\_\_\_\_

Description \_\_\_\_\_ Value \_\_\_\_\_

Owner \_\_\_\_\_ No. of Shares \_\_\_\_\_

Date Acquired \_\_\_\_\_ Basis \_\_\_\_\_

Description \_\_\_\_\_ Value \_\_\_\_\_

Owner \_\_\_\_\_ No. of Shares \_\_\_\_\_

Date Acquired \_\_\_\_\_ Basis \_\_\_\_\_

Description \_\_\_\_\_ Value \_\_\_\_\_

Owner \_\_\_\_\_

Date Acquired \_\_\_\_\_ Basis \_\_\_\_\_

Description \_\_\_\_\_ Value \_\_\_\_\_

D. Real Estate (for each)

Owner \_\_\_\_\_

Date Acquired \_\_\_\_\_ Basis \_\_\_\_\_

Mortgage \_\_\_\_\_ Value \_\_\_\_\_

Description \_\_\_\_\_

Owner \_\_\_\_\_

Date Acquired \_\_\_\_\_ Basis \_\_\_\_\_

Mortgage \_\_\_\_\_ Value \_\_\_\_\_

Description \_\_\_\_\_

E. Individual Life Insurance

Name of Company \_\_\_\_\_ Policy No, \_\_\_\_\_

Type of Owner Policy \_\_\_\_\_

Beneficiary \_\_\_\_\_ Alternate \_\_\_\_\_

Amount \_\_\_\_\_ Cash Value \_\_\_\_\_

Name of Company \_\_\_\_\_ Policy No, \_\_\_\_\_

Type of Owner Policy \_\_\_\_\_

Beneficiary \_\_\_\_\_ Alternate \_\_\_\_\_

Amount \_\_\_\_\_ Cash Value \_\_\_\_\_

F. Group Life Insurance

Name of Company \_\_\_\_\_ Policy No, \_\_\_\_\_

Type of Owner (employer) Policy \_\_\_\_\_

Beneficiary \_\_\_\_\_ Alternate \_\_\_\_\_

Amount \_\_\_\_\_ Cash Value \_\_\_\_\_

Name of Company \_\_\_\_\_ Policy No, \_\_\_\_\_

Type of Owner (employer) Policy \_\_\_\_\_

Beneficiary \_\_\_\_\_ Alternate \_\_\_\_\_

Amount \_\_\_\_\_ Cash Value \_\_\_\_\_

G. Closely Held Enterprises

Owner \_\_\_\_\_ No. of Shares \_\_\_\_\_

Percentage Ownership \_\_\_\_\_ Basis \_\_\_\_\_

Description \_\_\_\_\_ Value \_\_\_\_\_

H. Retirement or Disability income (current & projected)

Employer Provided \_\_\_\_\_

Client or Spouse Provided (ex: IRA) \_\_\_\_\_

Federal or State Employee Pension \_\_\_\_\_

Social Security \_\_\_\_\_ Disability Pension \_\_\_\_\_

Military \_\_\_\_\_ Foreign Source \_\_\_\_\_

Other \_\_\_\_\_

**Medical History**

**Current Health Status**

Client: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Spouse: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Medical History \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Client Concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estate Plan**

**Current Wills**

Date \_\_\_\_\_ Location of Originals \_\_\_\_\_

**Trusts**

Date \_\_\_\_\_ Creator \_\_\_\_\_

Beneficiaries \_\_\_\_\_

**Power of Appointment - Client**

Date \_\_\_\_\_ Creator \_\_\_\_\_

Description \_\_\_\_\_ Value \_\_\_\_\_

**Power of Appointment - Spouse**

Date \_\_\_\_\_ Creator \_\_\_\_\_

Description \_\_\_\_\_ Value \_\_\_\_\_

**Power of Attorney - Client**

Durable \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_

Attorney-in-fact \_\_\_\_\_

Description \_\_\_\_\_

**Power of Attorney - Spouse**

Durable \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_

Attorney-in-fact \_\_\_\_\_

Description \_\_\_\_\_

**Ante-nuptial Agreements**

Made With \_\_\_\_\_ Date \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

**Health Care Planning**

**Health Insurance**

Sources \_\_\_\_\_ Who Pays \_\_\_\_\_

Scope of Coverage \_\_\_\_\_

Gaps in Coverage \_\_\_\_\_

Duration \_\_\_\_\_

**Medicare**

Client/Beneficiary eligible? Yes \_\_ No \_\_ Spouse eligible? Yes \_\_ No \_\_

Electing Part B coverage \_\_\_\_\_

Companion Insurance \_\_\_\_\_

**Asset Management**

Informal Arrangements \_\_\_\_\_

\_\_\_\_\_

Formal Arrangements \_\_\_\_\_

\_\_\_\_\_

Substitute Decision Maker \_\_\_\_\_

**Personal Management**

**Health Care Decisions**

Substitute decision maker\_\_\_\_\_

Parameters of Treatment\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of Living Will\_\_\_\_\_

**Preferred Guardian/ Conservator**

For Self\_\_\_\_\_

Address\_\_\_\_\_

Alternate\_\_\_\_\_

Address\_\_\_\_\_

**Sources of Support**

Who can help?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Surviving Spouse**

**What will change?**

Income\_\_\_\_\_ Housing\_\_\_\_\_

Health Care Coverage\_\_\_\_\_

Other\_\_\_\_\_

\_\_\_\_\_

**What Plans Have Been Made?**

Financial\_\_\_\_\_

Housing\_\_\_\_\_

Health Care\_\_\_\_\_

Personal Affairs\_\_\_\_\_

Notes:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please put together copies of all relevant documents for our meeting, including:

Will(s)	Deeds to Property
Bank Books	Life Insurance Policies
Powers of Attorney	Living Wills
Stock Certificates	Mutual Fund Documents
Bonds or CDs	Appraisal Documents