** 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 N. 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 Dates: _____

SSN: _____

U. S. citizen?: ☐ Yes ☐ No

Veteran?: ☐ Yes ☐ No Dates: _____

Marriage Information:

Date and place of marriage:_____

Children (names, addresses, ages):

1. _____
2. _____
3. _____
4. _____

Are any of your children or grandchildren disabled?_____

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?**
☐	Single-family home	
☐	Same, but someone assists you there with above activities	
☐	Apartment or retirement living community	
☐	Assisted-living facility	
☐	Other:	
☐	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

(Use additional pages as necessary)

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	☐ Yes ☐ No
Health Care Power of Attorney	☐ Yes ☐ No
Living Will	☐ Yes ☐ No
Will	☐ Yes ☐ No
Revocable Living Trust	☐ Yes ☐ 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. Mr. McGuffey and his staff 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

If you have any of the following documents, please provide copies:

- Last Will & Testament
- Trust (of any kind)
- Power of Attorney
- Health Care Advance Directive (of HC Power of Attorney or Living Will)