

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: \$ _____ \$ _____ \$ _____

RECREATIONAL/FARM VEHICLES:

Year/Make: _____

Value: \$ _____ \$ _____ \$ _____

MISC. PERSONAL PROPERTY:

Furniture: _____

Jewelry: _____

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: \$ _____ \$ _____ \$ _____

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)

Real Estate Tax \$ _____(year)

Health Ins. Premium \$ _____(month)

Medicare Part D Premium \$ _____(month)

Misc. Charges: \$ _____(month)

Mortgage/Rent \$ _____(month)

Veteran (Yes) (No)

Dates of Service:

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

Description/Date: _____

Amount: \$ _____ \$ _____ \$ _____

Description/Date: _____

Amount: \$ _____ \$ _____ \$ _____