



Andrea L. Jakob, PA



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Confidential Long Term Care Planning Information

Thank you for contacting us for a legal consultation regarding long-term care planning and options. In order to provide you with proper advice, we must fully understand the issues you face. Please call us at (954) 515-0101 if you have any questions or concerns about completing this form.

Please complete the following questionnaire to the best of your ability, and bring it with you to the consultation. Feel free to add any information you feel would be helpful, write on the back of the form, or make notes. **Please bring other documents you may have to the consultation, such as trusts, wills, power of attorney documents, deeds, and asset statements (such as bank accounts, brokerage accounts, etc.).**

Date: _____ Referred by: _____

I. Personal Information

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email address: _____

Date of birth: _____

Place of Birth: _____

Social Security Number: _____

U. S. citizen? Yes No

Marriage Information:

Date and place of marriage: _____

Previous marriage information: _____

Military Service:

Veteran? Yes No
Retired Veteran? Yes No
Disabled Veteran? Yes No
Branch of Service USA NAVY USMC USCG
Enrolled with VA? Yes No

Dates of Service?

Children (names, addresses, telephone numbers, dates of birth):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Primary Point of Contact: If not you, who is your "Contact Person" (the person we should contact for appointments, for more information about you, etc.): _____

Currently living at home? If not, list:

Name, Address and Telephone number of facility: _____

Date of admission to the living facility: _____

Please provide a brief health history, include any recent hospitalizations, diagnosis, and include any issues regarding dementia and mental capacity – please use separate sheet as needed: _____

Please provide a list of your current medications (may provide on separate sheet of paper): _____

What is the total monthly medication expenses? _____

Please provide a summary of your current or long-term concerns/issues:

II. Resources

Gross Monthly Income

Do not list interest or dividend income.

Source		
Social Security:		
Pension:		
Military Disability or other disability:		
Other:		
Total:		

Real Estate You Own

A. Personal Residence

Address of property: _____

B. Other Real Estate

Address of property: _____

C. Business

Address and type of business: _____

Other Assets: Your bank accounts, CDs, annuities, stocks, retirement plans, and the like.

Type of Asset	Company Name	How Is It Titled?	Value

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, motorcycles, etc.):

Personal Property (Item)	Value

Do you have a prepaid funeral or burial? Yes No If yes, what is the cost of the prepaid expenses \$ _____ If yes, describe the arrangements:

Do you have any of the following documents? Check all that apply.

Durable Power of Attorney

Health Care Power of Attorney L

Living Will

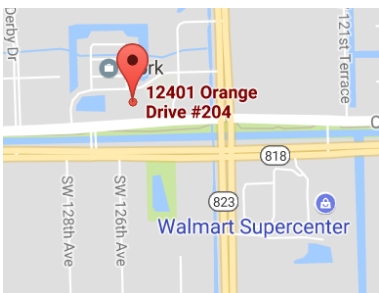
Will

Revocable Living Trust

Use this space and additional sheets for additional information as needed.

Name(s) of person(s) filling out this form: _____

Thank you for taking the time to complete this form.



We are conveniently located on the corner of Flamingo Road and Orange Drive (one block off Griffin)
Please visit my website for more information
www.andreajakob.com