**DAVID A. LaRUE, ESQ., P.L.L.C.***
**(740) 284-1 0 0 0 or (866) 356- 2 8 8 9 *(Toll Free)***
***Facsimile: (740) 284-1069***
**E-mail: dlarue@elderlyplanningsvcs.com**

# LONG TERM CARE PLANNING
# CLIENT INFORMATION FORM

**Client:** ______________________________ **SSN:** ________________ **DOB:** __________
**Address:** _____________________________ **Phone number:** _________________________
_____________________________

**Spouse:** ______________________________ **SSN:** ________________ **DOB:** __________
**Address:** _____________________________ **Phone number:** _________________________
_____________________________

## MEDICAL INFORMATION

| | CLIENT | SPOUSE |
|---|---|---|
| Physical status | _________________________ | _____________________________ |
| Mental status | _________________________ | _____________________________ |
| Significant Medical History | ____________________ | _____________________________ |
| Medicare number | _________________________ | _____________________________ |
| Secondary insurance | _________________________ | _____________________________ |
| | Policy Number ____________ | Policy Number ________________ |
| Primary physician: | Name ____________________ | Name _________________________ |
| | Phone ___________________ | Phone ________________________ |
| Other medical providers: | Name ____________________ | Name _________________________ |
| | Phone ___________________ | Phone ________________________ |
| | Name ____________________ | Name _________________________ |
| | Phone ___________________ | Phone ________________________ |

## INCOME

| SOURCE | AMOUNT: CLIENT | SPOUSE |
|---|---|---|
| Social Security | ______________________ | ___________________________ |
| SSI/SSD | ______________________ | ___________________________ |
| Veterans benefits | ______________________ | ___________________________ |
| Pension | ______________________ | ___________________________ |
| Other | ______________________ | |

## ASSET INFORMATION

**Real Estate**
**Address** ___________________________________ **Value** ______________________
**Address** ___________________________________ **Value** ______________________

**Vehicles (include all motor vehicles)**

**Description** ____________________ **Owner** ____________ **Value** _________________
**Description** ____________________ **Owner** ____________ **Value** _________________
**Description** ____________________ **Owner** ____________ **Value** _________________

**Practice Limited to Probate Matters, Estate Planning, Long-term Care Planning, Business Matters, Real Estate & Elder Law*

## ASSET INFORMATION, Continued

**Bank Accounts**
Bank ________________________ Type of acct _________________ Value _____________
Bank ________________________ Type of acct _________________ Value _____________
Bank ________________________ Type of acct _________________ Value _____________
Bank ________________________ Type of acct _________________ Value _____________

**Life Insurance**
1. Coverage Amount ____________ Company and Policy No.
Current Cash Value __________Current Death Benefit______________Premium
2. Coverage Amount ____________ Company and Policy No.
Current Cash Value __________Current Death Benefit______________Premium
3. Coverage Amount ____________ Company and Policy No.
Current Cash Value __________Current Death Benefit______________Premium

**Brokerage Accounts**
Institution ___________________ Type of acct _________________ Value _____________
Institution ___________________ Type of acct _________________ Value _____________

**Stocks**
Company ____________________ Owner ______________________ Value _____________
Company ____________________ Owner ______________________ Value _____________
Company ____________________ Owner ______________________ Value _____________

**Bonds**
Type ________________________ Owner ______________________ Value _____________
Type ________________________ Owner ______________________ Value _____________
Type ________________________ Owner ______________________ Value _____________

## ESTATE PLANNING DOCUMENTS

**CLIENT**

**SPOUSE**

**Do you have:**

Will
( )
Yes ( )
No
( )
Yes ( )
No

Trust
( )
Yes ( )
No
( )
Yes ( )
No

Financial POA
( ) Yes
( )
No
( )
Yes ( )
No

Health Care POA
( ) Yes
( )
No
( )

**Living Will**

**Yes** ( ) **No** ( )
**Yes** ( ) **No** ( )
**Yes** ( ) **No**

**NOTE:** During the last **60** months, have either you or your spouse made any large gifts ($750 or more in value), placed any property into trust, transferred any real estate or other property for less than fair market value, or removed or added names to joint accounts? If yes, please list each action and explain when and why the transfer was made:

| WHEN | WHAT TRANSFERRED | VALUE | TO WHOM | EXPLANATION. |
|---|---|---|---|---|
| __________ | ________________________ | _____________ | _____________ | _______________ |
| __________ | ________________________ | _____________ | _____________ | _______________ |
| __________ | ________________________ | _____________ | _____________ | _______________ |
| _______ | ________________________ | _____________ | _____________ | _______________ |

Have gift tax returns ever been filed to report gifts made? ____________ *** **IF YES, please bring copies of the returns to your appointment**.

***PLEASE ATTACH ANY ADDITIONAL SHEETS IF MORE SPACE IS NEEDED***

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## SUPPLEMENTAL MEDICAL INFORMATION

### *LONG-TERM CARE PLANNING INFORMATION FORM*

(Please complete one of these forms for both client and spouse)

**Client:** ______________________________ **SSN:** ________________ **DOB:** __________

MEDICAL HISTORY (Check box of all that apply and briefly describe)

☐ Stroke__________Number________Onset Date
☐ Paralysis ______________________________
☐ Heart Attack _______ Heart Failure __________ Severe Heart Condition
_____________________________________________________ Onset Date________________

☐ Alzheimer's Disease _______ Dementia ______________ Onset Date_______________
☐ Chronic Respiratory Disorder (e.g. Bronchitis, Emphysema)
☐ Insulin Dependent Diabetes
☐ Rheumatoid Arthritis ____________________________________ Onset Date ________
☐ Cancer, excluding skin cancer______________________________Onset Date ________

Any additional pertinent medical information that would be helpful. Please explain:

MEDICATIONS _______ Yes _______ No. Are you currently taking any medications? If yes, please provide details in the space below.

Drug Name | Dosage | Frequency of taking

Reason For
Taking

| | | | |
|---|---|---|---|
| ____ | ____ | ____ | ____ |
| ____ | ____ | ____ | ____ |
| ____ | ____ | ____ | ____ |
| ____ | ____ | ____ | ____ |
| ____ | ____ | ____ | ____ |
| ____ | ____ | ____ | ____ |
| ____ | ____ | ____ | ____ |
| ____ | ____ | ____ | ____ |
| ____ | ____ | ____ | ____ |
| ____ | ____ | ____ | ____ |
| ____ | ____ | ____ | ____ |
| ____ | ____ | ____ | ____ |

SELF-CARE (I **currently** need assistance or supervision of another person in performing the following activities):

| | No Assistance | Assistance Some | Total Assistance |
|---|---|---|---|
| Bathing | ____ | ____ | |
| Dressing | ____ | ____ | |
| Moving in/out of bed or chair | ____ | ____ | ____ |
| Toileting | ____ | ____ | |
| Bowel/Bladder Control | ____ | ____ | |
| Eating | ____ | ____ | |
| Taking Medications | ____ | ____ | ____ |

I currently use (check all that apply):

- ☐ Walker
- ☐ Respirator
- ☐ Motorized Cart
- ☐ Wheelchair
- ☐ Chairlift
- ☐ Oxygen
- ☐ Quad Cane (4 pronged cane)
- ☐ Dialysis

ADDITIONAL INFORMATION (Briefly describe any other pertinent medical history or conditions that are not addressed above)

_

## WHAT SHOULD I BRING TO THE FIRST MEETING?

It is helpful if you bring the following items to the initial meeting or mail them to the law office prior to the initial meeting:

- A copy of your current will(s), if you have one, and copies of any other existing estate planning documents, like trusts, Powers of Attorney, Living Wills, and Medical Powers of Attorney.

- Copies of any deeds to real estate, the most recent property tax statements for real estate, and any documents regarding real estate such as mortgages or anything else restricting use or transfer.

- If you own a business, copies of any partnership, buy-sell or corporate redemption agreements which may be in place.

- Copies of any promissory notes or contracts if you owe anyone money.

- Copies of the last three (3) years' Federal Income Tax Returns (if filed), and copies of any Federal Gift Tax Returns filed.

- A basic financial statement listing assets and liabilities and showing whose name assets are titled in and beneficiary designations. Alternatively, you may bring photocopies of up to date banking and brokerage account statements, and a list of (with valuations) U.S Savings Bonds, if you have these assets. List of all Life Insurance or Long-Term Care insurance policies, annuities, and health insurance coverage and cost information. For Life Insurance or Annuities, please try to find the current cash value and death benefit.

- If received, and you so desire, the completed **Long-Term Care Information Form**, and **Medical Supplement Information** form, provided by our office.

**ONCE YOU HAVE COMPLETED THE ATTACHED INFORMATION SHEETS, YOU ARE READY TO CALL TO SCHEDULE AN APPOINTMENT. YOU ARE WELCOME TO SCHEDULE A TELEPHONIC INITIAL CONSULTATION, OR, AN IN-PERSON MEETING (THE SAME CONSULTATION CHARGES APPLY WHETHER THE MEETING IS IN-PERSON OR TELEPHONIC)**

**PLEASE MAKE ENOUGH COPIES OF THIS PAGE TO HAVE ONE FOR EACH CHILD/BENEFICIARY OF CLIENT(S)**

Name: ___________________________________

Date of birth: ___________________________________

Address: ___________________________________

___________________________________

Phone: ___________________________________

Spouse: ___________________________________

| Grandchild Name | Age | Spouse, if applicable |
|---|---|---|
| ______________________________ | __________ | ___________________ |
| ______________________________ | __________ | ___________________ |
| ______________________________ | __________ | ___________________ |
| ______________________________ | __________ | ___________________ |

| Great-grandchild name(s) | Age | Child of which grandchild |
|---|---|---|
| _______________________________ | ______ | _______________________ |
| _______________________________ | ______ | _______________________ |
| _______________________________ | ______ | _______________________ |
| _______________________________ | ______ | _______________________ |
| _______________________________ | ______ | _______________________ |
| _______________________________ | ______ | _______________________ |
| _______________________________ | ______ | _______________________ |
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| _______________________________ | ______ | _______________________ |
| _______________________________ | ______ | _______________________ |
| _______________________________ | ______ | _______________________ |
| _______________________________ | ______ | _______________________ |
| _______________________________ | ______ | _______________________ |
| _______________________________ | ______ | _______________________ |
| _______________________________ | ______ | _______________________ |
| _______________________________ | ______ | _______________________ |

NOTE: Client may complete one of these expanded child/beneficiary form for each child/beneficiary in lieu of completing the section of the Estate Planning Worksheet called "CHILDREN OR OTHER BENEFICIARIES"

***2021 Sunset Boulevard***
***Steubenville, OH 43952***

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**dlarue@elderlyplanningsvcs.com**

**Credit Card Payment Sheet**
**(Note, Credit Card Payments may be faxed to 740-284-1069)**

**Charge to which Credit Card?**

☐ **American Express**

☐ **MasterCard**

☐ **VISA**

☐ **Discover**

**NAME ON CARD:** ________________________________________

**Card No:**__________________________________________________

**Expiration Date:** __________________________

**Security Code:** ____________________________

**Amount Charged to Card: $**________________

**Date of Charge:** ___________________________

**Billing Address on Card:**

_________________________________________________________

_________________________________________________________

**Cardholder agrees to pay to issuer total charges per the agreement between cardholder & issuer.**

____________________________________________
**SIGNATURE OF CARDHOLDER**

# PRACTICE DISCLOSURE

**Please, note, as an inherent part and natural extension of David A. LaRue's particular elderly planning law practice, he carries a life and health & accident insurance license (OH, WV, PA, VA and NC), and can and often does receive part or all of an insurance agent's commission when a life insurance, annuity, or long-term care insurance contract is placed for one of his clients (Insurance implemented through *LIFETIME FINANCIAL GROWTH, LTD., FOREST GREEN FINANCIAL & INSURANCE SOLUTIONS, LLC, or 21st CENTURY FINANCIAL*. However, this fact should not affect his personal *independent* judgment as your estate planning or elder law attorney as to the course or courses of action most beneficial to you. As a matter of practice, Attorney LaRue endeavors to sell or offer to sell the above products, when, *in his independent professional judgment as a legal counselor*, a particular insurance or financial product would objectively be recommended by an estate planning or elder law attorney who could not receive compensation. Attorney LaRue's objective is primarily to help his clients achieve their estate and long-term care planning goals. Whether or not an insurance or financial product is sold to you by him or on his recommendation, the law firm of DAVID A. LARUE, ESQ., P.L.L.C. still charges the same legal fees that would otherwise be charged to you for the legal work, and does not discount fees to clients who have purchased or will purchase a particular insurance product.**

**IN THE EVENT THAT YOU EVER BELIEVE, DURING THE COURSE OF OUR FIRM'S REPRESENTATION, THAT ATTORNEY LARUE'S OR THE FIRM'S *INDEPENDENT PROFESSIONAL JUDGMENT* AS A LEGAL COUNSELOR IS AFFECTED BY ATTORNEY LARUE'S RIGHT, AS A LICENSED INSURANCE AGENT, TO RECEIVE A COMPENSATION UPON THE ISSUANCE OF AN INSURANCE PRODUCT, YOU SHOULD SEEK A SECOND OPINION FROM ANOTHER ELDER LAW ATTORNEY, OR MAY PURCHASE THE RECOMMENDED PRODUCT FROM ANOTHER PROFESSIONAL OTHER THAN THE AGENCY OR AGENCIES, COMPANY OR COMPANIES UTILIZED BY ATTORNEY LaRUE.**

## DUAL LEGAL SERVICES/ INSURANCE AGENCY SERVICES CONSENT FORM

I/we, ________________________________________, hereby acknowledge having read and reviewed DAVID A. LaRUE 's **DUAL PROFESSION/MULTI-DISCIPLINARY PRACTICE DISCLOSURE**, and that, I/we understand that if we purchase a life insurance contract, a long-term care insurance or other health insurance contract, or a fixed annuity contract through attorney LaRUE or any agents associated with him or the LIFETIME FINANCIAL GROWTH, LTD., FOREST GREEN FINANCIAL & INSURANCE SOLUTIONS, LLC, or 21st CENTURY FINANCIAL, that attorney LaRUE may be paid a sales commission for the sale of such contract or contracts to me/us. I/we understand that such sales commission is/will be ***separate from any and all legal fees that are or will be charged by DAVID A. LaRUE or DAVID A. LaRUE, ESQ., P.L.L.C.*** or any other attorneys associated with this matter.

***I/we,*** ______________________________________________, after having received full disclosure of attorney DAVID A. LaRUE's dual capacity of service, and being fully **confident at this time** that attorney LaRUE's or the firm's independent professional judgment as a legal counselor is *not* affected by attorney LaRUE's right, as a licensed insurance agent, to receive a commission upon the issuance of an insurance product, ***hereby consent to attorney DAVID A. LaRUE servicing me/us in the dual capacity of attorney through DAVID A. LaRUE, ESQ., P.L.L.C. and life/health/fixed annuity representative through*** LIFETIME FINANCIAL GROWTH, LTD***,*** FOREST GREEN FINANCIAL & INSURANCE SOLUTIONS, LLC, or 21st CENTURY FINANCIAL ***or any independent agency of Attorney LaRUE, or in conjunction with any other licensed insurance agents or brokers.***

I/we also understand that our consent to his continued representation as attorney, insurance representative, or both, can be revoked by me/us in writing by give such written notice to attorney LaRUE at his office in person or by regular U.S. Mail. I/we also understand that the legal fees I/we have paid or will pay for legal services performed (or to be performed) by attorney LaRUE or the Firm, DAVID A. LaRUE, ESQ., P.L.L.C., will in no way be reduced or discounted because or if an insurance product of any sort or kind is sold to me/us through attorney LaRUE, or LIFETIME FINANCIAL GROWTH, LTD., FOREST GREEN FINANCIAL & INSURANCE SOLUTIONS, LLC, or 21st CENTURY FINANCIAL or any agent or agency in which attorney LaRUE has an interest.

NOTE: I understand that DAVID A. LaRUE ***does not hold a license to sell securities***, and is not compensated if a LIFETIME FINANCIAL GROWTH, LTD., FOREST GREEN FINANCIAL & INSURANCE SOLUTIONS, LLC, or 21st CENTURY FINANCIAL financial representative places securities on my/our behalf.

| | |
|---|---|
| ______________________________ | ______________________________ |
| Signature | Signature |
| ______________________________ | ______________________________ |
| Printed Name | Printed Name |
| Date:__________________________ | Date:__________________________ |