



The Law Offices of  
**Carol Bertsch, PC**

*Assisting Seniors, Helping Families*

LONG TERM CARE QUESTIONNAIRE

***For Our information:***

Are you interested in receiving our email newsletter? \_\_\_No \_\_\_Yes

Who referred you to us or how did you hear about us? \_\_\_\_\_

**Tell us about the Person Needing Long-Term Care (Client):**

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Alternate Phone No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

**Is the above Client married?** Yes  No  If yes, please provide info for the Spouse below:

Name of Spouse: \_\_\_\_\_

Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Alternate Phone No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

**Does the Client have children?** Yes  No  If yes, please provide info below:

Number of children: \_\_\_\_\_ Are any minors or persons with disabilities? Yes  No

**Who Should be Our Primary Point of Contact?**

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Alternate Phone No: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Does the Client have an existing Will, Trust, Powers of Attorney or other Estate Planning Documents? If so, it is VERY IMPORTANT that you bring a copy of them to the meeting.

**What we need to know (for Client and Spouse):**

**Income:**

<b>Income SS/Pension/VA/SSI (include Source/Type of Income)</b>	<b>Monthly Amount (Gross, if possible)</b>
Client:	
Spouse:	
<b>Real Estate Address</b>	<b>Approx. Value</b>

**Financial Accounts:**

<b>Bank Accounts/Name of Bank</b>	<b>Checking/Savings (type of acct)</b>	<b>Approx. Balances</b>

IRA's (Name of Institution)	Type	Approx. Balances

Investments (Name of Institution)	Type	Approx. Balances

Annuities	Type	Approx. Balances

Mineral Rights Location	Approx. Value

Vehicles (Include Make, Model, Year)	Approx. Value

Life Insurance Policies (Name of Co.)	Cash Value	Face Value	Term?

Burial/Funeral Policies	Provider	Face value

***Did the Client or Spouse make any 'gifts' over \$200 in the last 5 years?*** A 'gift' includes any transaction in which the Client received less than fair market value back in return for the 'gift' given. This also includes any sale of assets to family members or friends for less than the full market value. Yes  No

IF YES, please complete table below.

Gifts: (Describe)	To Whom	How Much

***Did the Client or Spouse sell any home, property, vehicle, recreational vehicle, or any other major asset in the last 5 years?*** Yes  No

IF YES, please complete table below.

Type of Asset: (Describe)	Sold To Whom	For How Much