

INSTRUCTIONS: complete the following information for the individual to the best of your ability. If you need more room, use the back or additional sheets. If you have any questions please call.

Individual's Full name			
Other Names (Nicknames & Maiden Name)			
Date of Birth	Place:		
Social Sec. Number	Native Language - English /		
Description	Sex:	Race:	Height:
	Weight:	Eye Color:	Hair Color:
Current location (address):			
If Nursing Home, Last residence address			
<p align="center">FAMILY</p> <p align="center"><i>Spouse, Children, brothers & sisters, etc. (use extra sheets if needed)</i></p>	Names & address		Relationship & Phone #

<p align="center">ASSETS</p> <p align="center"><i>Bank Accounts, Real Estate, Stocks, Bonds, Mutual Funds, IRA, Car, Personal Property, etc. (use extra sheets if needed)</i></p>	Description, Location, Bank & Acc't #		Value or Amount

(use back or additional paper if more space needed)

INCOME	Source	Amount	
Soc. Sec./SSI.			
Pension/VA benefits			
Other:			
Other:			
MONTHLY BILLS	Electric (Monthly)	AVG. MONTHLY PMT:	
	Gas (Monthly)		
	Cable TV		
	Telephone (Monthly)		
	Insurance (type)		
	Other:		
	Rent/Mortgage (Monthly)		
	Paid to:		
	Total Mortgage/Back Rent Owed:		
OTHER DEBTS & PAYMENTS <i>Credit Cards</i> <i>Medical & Doctors</i> <i>Car Loan</i> <i>Other debts/loans</i> <i>Etc.</i>	Creditor Name/Address	Total Owed	Mnthly Pmt

(use back or additional paper if more space needed)

<p>Legal History:</p> <p><i>(prior guardianships, power of attorney, divorces, lawsuits, bankruptcy, etc.)</i></p>	
<p>Current Doctor's Name, address, & Phone #,</p> <p>Date of last visit.</p>	
<p>Medical History</p> <p><i>(significant hospitalizations or events in the past 5 years)</i></p> <p><i>Has a doctor, nurse or hospital employee told you that a <u>guardianship</u> is needed?</i></p> <p><i>Who, When and Why?</i></p>	
<p>Describe the physical condition and functional impairments of the individual, including:</p> <p>1. Their mobility (can walk on own, with a cane or walker, uses a wheelchair, stays in bed, etc.).</p>	
<p>2. Your <i>observations</i> of the individual's ability to live independently and handle Average Daily Living Skills (ADLS) and amount of assistance needed for</p> <p>a) Preparing meals and eating</p>	
<p>b) Bathing, dressing and grooming</p>	
<p>c) Shopping and housework (cleaning, laundry, etc.)</p>	
<p>d) Other:</p>	

(use back or additional paper if more space needed)

<p>3. What are your <i>observations</i> of the Mental Condition and functional impairments of the individual, (explain and give examples if possible):</p>	
<p>a) Do they know where they are?</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> NO (<i>explain</i>)</p>
<p>b) Do they recognize family and friends?</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> NO (<i>explain</i>)</p>
<p>c) Are they alert or do you have to work to get their attention?</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> NO (<i>explain</i>)</p>
<p>d) Can they communicate? (Speech & Hearing)</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> NO (<i>explain</i>)</p>
<p>e) Have they wandered off or gotten lost?</p>	<p><input type="checkbox"/> no <input type="checkbox"/> YES (<i>explain</i>)</p>
<p>f) Do they get confused easily?</p>	<p><input type="checkbox"/> no <input type="checkbox"/> YES (<i>explain</i>)</p>
<p>g) Have you observed any unusual behavior?</p>	<p><input type="checkbox"/> no <input type="checkbox"/> YES (<i>explain</i>)</p>
<p>h) Do they know what they own? (real estate, bank accounts, other property, monthly income from Social Security and Retirement)</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> NO (<i>explain</i>)</p>
<p>i) Do they know what they owe or what bills they have to pay? (credit cards, mortgages, utilities)</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> NO (<i>explain</i>)</p>
<p>j) Do they get or need help to write checks and/or pay monthly bills?</p>	<p><input type="checkbox"/> no <input type="checkbox"/> YES (<i>explain</i>)</p>

YOUR Name

Relation:

Address/phone

Signature:

Date:

(use back or additional paper if more space needed)