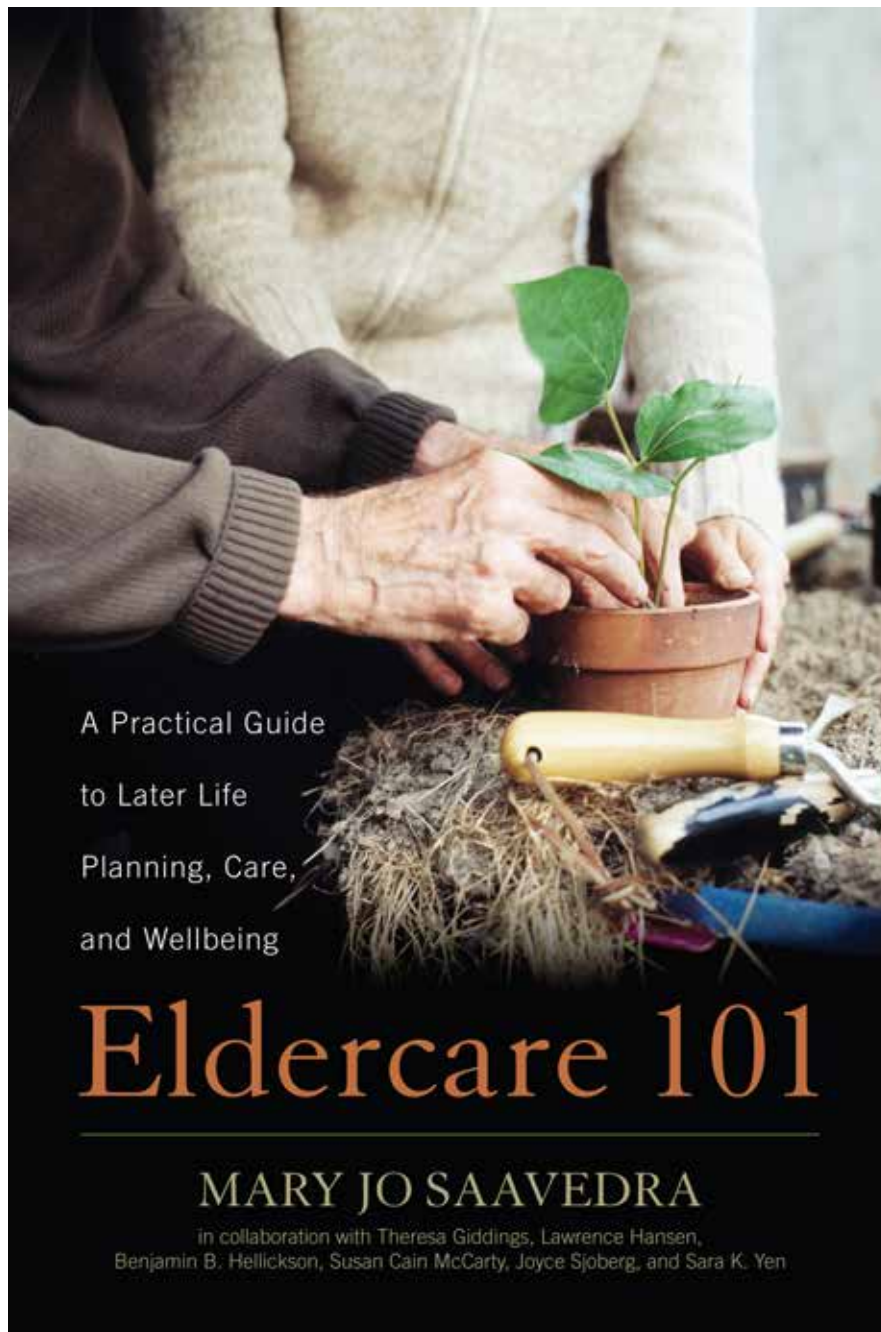


Eldercare 101

Getting Organized Forms

A supplement to



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*Core Team Members

Eldercare 101

LEGAL PILLAR OF AGING WELLBEING

*In everything, do to others as you would have them do to you;
for this is the essence of the law and the prophets.*

—Matthew 7:12

POTENTIAL ELDER LAW OR ESTATE PLANNING ATTORNEYS

Name _____	NOTES
Website _____	_____
Email _____	_____
Phone _____	_____
Referred by _____	_____
Appt. Date / / Time	_____
Rating 1 2 3 4 5	_____
\$ _____	_____

Name _____	NOTES
Website _____	_____
Email _____	_____
Phone _____	_____
Referred by _____	_____
Appt. Date / / Time	_____
Rating 1 2 3 4 5	_____
\$ _____	_____

Name _____	NOTES
Website _____	_____
Email _____	_____
Phone _____	_____
Referred by _____	_____
Appt. Date / / Time	_____
Rating 1 2 3 4 5	_____
\$ _____	_____



FINANCIAL PILLAR OF AGING WELLBEING

The greatest treasures are those invisible to the eye and found by the heart.

—Buddha

MY FINANCIAL AGING LIFE CARE TEAM

TAX PREPARER/CPA

Name _____

Phone _____

Email _____

Referred by _____

\$ _____

HOME/RENTER'S INSURANCE AGENT

Name _____

Phone _____

Email _____

Referred by _____

\$ _____

AUTO INSURANCE AGENT

Name _____

Phone _____

Email _____

Referred by _____

\$ _____

OTHER:

Name _____

Phone _____

Email _____

Referred by _____

\$ _____

BROKER

Name _____

Phone _____

Email _____

Referred by _____

\$ _____

CFP

Name _____

Phone _____

Email _____

Referred by _____

\$ _____

ATTORNEY

Name _____

Phone _____

Email _____

Referred by _____

\$ _____

FINANCIAL ADVISOR

Name _____

Phone _____

Email _____

Referred by _____

\$ _____



STRONG BOX INVENTORY

I have a safe deposit box. [] Yes [] No

If yes, the box is located at:

Box number: _____

Address: _____

Phone: _____

Key(s) to the box are located:

I have a lock box. [] Yes [] No

If yes, the box is located:

The key(s) to the box are located:

These people have access to my safe deposit box:

Name: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Contents of the box include:



RETIREMENT INCOME: SALARIES, PENSIONS, AND BENEFITS

SALARIES

I currently receive a SALARY (or part-time salaries).

Yes No

EMPLOYER	ADDRESS	PHONE	EMAIL

OTHER INCOME SOURCES (E.G., DIVIDENDS, CHILD SUPPORT, ETC.)

EMPLOYER	ADDRESS	PHONE	EMAIL



PENSIONS

I currently receive a PRIVATE COMPANY PENSION.

Yes No

Former employer name #1: _____

Pension administrator: _____

Address: _____

Phone: _____

Email: _____

I currently receive a VETERANS' PENSION.

Yes No

Military Branch: _____

Pension administrator: _____

Address: _____

Phone: _____

Email: _____

BENEFITS

I currently receive SOCIAL SECURITY benefits.

Yes No

My Social Security number is:

My Social Security card is located:

I also receive money from:

Source: _____

Address: _____

Phone: _____

Email: _____

I currently receive benefits from a TRUST FUND:

Yes No

Date trust fund established: _____

State where trust fund established: _____

Names of trustees: _____

The trust agreement is located: _____

Name of the lawyer who prepared the trust agreement:

Law firm name: _____

Address: _____

Phone: _____

Email: _____



CHECKING AND SAVINGS ACCOUNTS

CHECKING ACCOUNTS

I have checking accounts with:

Institution:

Branch: _____

Account number: _____

Web address: _____

Username: _____

Password: _____

Security question answer(s): _____

*Power of attorney recorded? _____

*Second signature on file? _____

*Beneficiary stated, who? _____

Institution:

Branch: _____

Account number: _____

Web address: _____

Username: _____

Password: _____

Security question answer(s): _____

*Power of attorney recorded? _____

*Second signature on file? _____

*Beneficiary stated, who? _____

Institution:

Branch: _____

Account number: _____

Web address: _____

Username: _____

Password: _____

Security question answer(s): _____

*Power of attorney recorded? _____

*Second signature on file? _____

*Beneficiary stated, who? _____

*Beneficiary stated, who? _____

Institution:

Branch: _____

Account number: _____

Web address: _____

Username: _____

Password: _____

Security question answer(s): _____

*Power of attorney recorded? _____

*Second signature on file? _____

*Beneficiary stated, who? _____

*Beneficiary stated, who? _____

These people have been authorized to sign checks for me:

Name: _____

Phone: _____

Email: _____

Name: _____

Phone: _____

Email: _____



SAVINGS ACCOUNTS

I have savings accounts with:

Institution:

Branch: _____

Account number: _____

Web address: _____

Username: _____

Password: _____

Security question answer(s): _____

*Power of attorney recorded? _____

*Second signature on file? _____

*Beneficiary stated, who? _____

Institution:

Branch: _____

Account number: _____

Web address: _____

Username: _____

Password: _____

Security question answer(s): _____

*Power of attorney recorded? _____

*Second signature on file? _____

*Beneficiary stated, who? _____

*Beneficiary stated, who? _____

Institution:

Branch: _____

Account number: _____

Web address: _____

Username: _____

Password: _____

Security question answer(s): _____

*Power of attorney recorded? _____

*Second signature on file? _____

*Beneficiary stated, who? _____

Institution:

Branch: _____

Account number: _____

Web address: _____

Username: _____

Password: _____

Security question answer(s): _____

*Power of attorney recorded? _____

*Second signature on file? _____

*Beneficiary stated, who? _____

*Beneficiary stated, who? _____



INVESTMENTS

CERTIFICATES OF DEPOSIT (traditionally held at banks or credit unions)

I own the following certificates of deposits (CDs):

AMOUNT	INTEREST RATE	TERM/ MATURITY DATE	BENEFICIARY

Purchased from bank or other company:

Address: _____

Phone: _____

The certificates are located:



MONEY MARKET ACCOUNTS

I have money market accounts with:

Bank or institution:

Website: _____

Interest Rate: _____

Access via check writing? [] Yes [] No

Access via electronic transfer? [] Yes [] No

Bank or Broker Contact: _____

Phone: _____

Email: _____

Bank or institution:

Website: _____

Interest Rate: _____

Access via check writing? [] Yes [] No

Access via electronic transfer? [] Yes [] No

Bank or Broker Contact: _____

Phone: _____

Email: _____



STOCKS

I own the following stocks:

COMPANY NAME	NO. OF SHARES	PURCHASE DATE	VALUE

Stock ownership is:

in my name only

jointly with:

The stock certificates are:

in my possession, located: _____

held by my broker:

Broker's name: _____

Brokerage firm: _____

Address: _____

Phone: _____

Email: _____

I have a trading account with my broker, with a current value of \$



BONDS

I own the following bonds and they are located: _____

Type of bond: _____ Purchase date: _____

Serial number: _____ Maturity date: _____

Value at maturity: _____ Ownership is [] in my name only

[] held jointly with: _____

Beneficiary: _____

Type of bond: _____ Purchase date: _____

Serial number: _____ Maturity date: _____

Value at maturity: _____ Ownership is [] in my name only

[] held jointly with: _____

Beneficiary: _____

Type of bond: _____ Purchase date: _____

Serial number: _____ Maturity date: _____

Value at maturity: _____ Ownership is [] in my name only

[] held jointly with: _____

Beneficiary: _____



MUTUAL FUND ACCOUNTS

Mutual funds are held in brokerage accounts and should be listed on brokerage account statements.

I have mutual fund accounts with:

Bank or institution: _____

Bank or institution: _____

Branch: _____

Branch: _____

Account number: _____

Account number: _____

Passbook location: _____

Passbook location: _____

Bank or institution: _____

Bank or institution: _____

Branch: _____

Branch: _____

Account number: _____

Account number: _____

Passbook location: _____

Passbook location: _____



CREDIT AND DEBIT CARD ACCOUNTS

CREDIT CARD(S)

COMPANY	ACCOUNT #	PHONE #	WEBSITE	PIN (OR PASSWORD)	ONLINE USERNAME (IF APPLICABLE)

DEBIT CARD(S)

BANK	ACCOUNT #	PHONE #	WEBSITE	PIN (OR PASSWORD)	ONLINE USERNAME (IF APPLICABLE)



RECURRING PAYMENTS

PAYEE	AMOUNT	DATE OF RECURRENCE	CONTACT INFO	WHICH ACCOUNT/ CREDIT CARD
-------	--------	--------------------	--------------	----------------------------

ELECTRICITY				
HEAT				
WATER				
GARBAGE				
MEDICAL INSURANCE				
HOME INSURANCE				
AUTO INSURANCE				
LAWN SERVICE				
HOUSEKEEPER				
ETC.				



DEBT DOCUMENTATION

MORTGAGE COMPANY/ CREDIT CARD	ACCOUNT NUMBER	DATE ORIGINATED	PAYMENT AMOUNT	CURRENT BALANCE
-------------------------------	----------------	-----------------	----------------	-----------------



COST OF CARE WORKSHEET

EXPENSE	AT-HOME COSTS	ASSISTED LIVING/ FOSTER HOME COSTS
---------	---------------	---------------------------------------

RENT/MORTGAGE		
GAS, WATER, AND ELECTRIC		
FOOD		
TV/DIGITAL SERVICE		
DAILY PERSONAL CARE		
MEDICAL/HOME HEALTH CARE		
MEDICATION MONITORING		
HOUSEKEEPING		
TRANSPORTATION		
GARDENING/LANDSCAPE		
MISCELLANEOUS HOME UPKEEP		
SOCIAL ACTIVITIES (E.G., PLAYS, DANCE PERFORMANCES, ETC.)		
OTHER:		



DOCUMENTATION OF INSURANCES

MEDICARE INSURANCE

Policy number: _____

SUPPLEMENTAL HEALTH INSURANCE

Company: _____

Policy number: _____

Contact: _____

Phone: _____

Email: _____

Copays: _____

MEDICAID INSURANCE

Policy number: _____

OTHER/TYPE:

Company: _____

Policy number: _____

Contact: _____

Phone: _____

Email: _____

Copays: _____

HOME/RENTER'S INSURANCE

Policy number: _____

AUTO INSURANCE

Policy number: _____

Value: _____

Value: _____

Issuing company: _____

Issuing company: _____

Contact: _____

Contact: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Beneficiary: _____

Beneficiary: _____

VETERANS' INSURANCE

Policy number: _____

DISABILITY INSURANCE

Policy number: _____

Value: _____

Value: _____

Contact: _____

Contact: _____

Beneficiary: _____

Beneficiary: _____



LONG-TERM CARE INSURANCE

Policy number: _____
Value: _____
Issuing company: _____
Contact: _____
Phone: _____
Email: _____
Beneficiary: _____

LIABILITY/UMBRELLA INSURANCE

Policy number: _____
Value: _____
Issuing company: _____
Contact: _____
Phone: _____
Email: _____
Beneficiary: _____

LIFE INSURANCE

I own the following life insurance policies:

Type: _____
Face value: _____
Cash value: _____
Policy number: _____
Issuing company: _____
Address: _____
Phone: _____
Beneficiary: _____

Type: _____
Face value: _____
Cash value: _____
Policy number: _____
Issuing company: _____
Address: _____
Phone: _____
Beneficiary: _____

Type: _____
Face value: _____
Cash value: _____
Policy number: _____
Issuing company: _____
Address: _____
Phone: _____
Beneficiary: _____

Type: _____
Face value: _____
Cash value: _____
Policy number: _____
Issuing company: _____
Address: _____
Phone: _____
Beneficiary: _____

[] I have borrowed money against some policies, from:

Company: _____
Policy number: _____
Amount: _____

Company: _____
Policy number: _____
Amount: _____



LIVING ENVIRONMENT PILLAR OF AGING WELLBEING

*If you want to identify me . . . ask me not where I live,
or what I like to eat, or how I comb my hair,
but ask me what I think I am living for, in detail,
and ask me what I think is keeping me
from living fully for the thing I want to live for.*

—Thomas Merton in *My Argument with the Gestapo*

POTENTIAL IN-HOME HELPERS

Name _____	NOTES
Website _____	_____
Email _____	_____
Phone _____	_____
Referred by _____	_____
Appt. Date / / Time	_____
Rating 1 2 3 4 5	_____
\$ _____	_____

Name _____	NOTES
Website _____	_____
Email _____	_____
Phone _____	_____
Referred by _____	_____
Appt. Date / / Time	_____
Rating 1 2 3 4 5	_____
\$ _____	_____

Name _____	NOTES
Website _____	_____
Email _____	_____
Phone _____	_____
Referred by _____	_____
Appt. Date / / Time	_____
Rating 1 2 3 4 5	_____
\$ _____	_____



POTENTIAL ADULT FOSTER CARE HOMES

Home Name _____

NOTES/FIRST IMPRESSIONS

Website _____

Main Contact _____

Email _____

Phone _____

Referred by _____

Visit Date / / Time

Rating 1 2 3 4 5

\$ _____

Home Name _____

NOTES/FIRST IMPRESSIONS

Website _____

Main Contact _____

Email _____

Phone _____

Referred by _____

Visit Date / / Time

Rating 1 2 3 4 5

\$ _____

Home Name _____

NOTES/FIRST IMPRESSIONS

Website _____

Main Contact _____

Email _____

Phone _____

Referred by _____

Visit Date / / Time

Rating 1 2 3 4 5

\$ _____



POTENTIAL CCRCS

Facility Name _____

NOTES/FIRST IMPRESSIONS

Website _____

Main Contact _____

Email _____

Phone _____

Referred by _____

Visit Date / / Time

Rating 1 2 3 4 5

\$ _____

Facility Name _____

NOTES/FIRST IMPRESSIONS

Website _____

Main Contact _____

Email _____

Phone _____

Referred by _____

Visit Date / / Time

Rating 1 2 3 4 5

\$ _____

Facility Name _____

NOTES/FIRST IMPRESSIONS

Website _____

Main Contact _____

Email _____

Phone _____

Referred by _____

Visit Date / / Time

Rating 1 2 3 4 5

\$ _____



POTENTIAL ASSISTED LIVING FACILITIES

Facility Name _____

NOTES/FIRST IMPRESSIONS

Website _____

Main Contact _____

Email _____

Phone _____

Referred by _____

Visit Date / / Time

Rating 1 2 3 4 5

\$ _____

Facility Name _____

NOTES/FIRST IMPRESSIONS

Website _____

Main Contact _____

Email _____

Phone _____

Referred by _____

Visit Date / / Time

Rating 1 2 3 4 5

\$ _____

Facility Name _____

NOTES/FIRST IMPRESSIONS

Website _____

Main Contact _____

Email _____

Phone _____

Referred by _____

Visit Date / / Time

Rating 1 2 3 4 5

\$ _____



POTENTIAL MEMORY CARE FACILITIES

Facility Name _____

NOTES/FIRST IMPRESSIONS

Website _____

Main Contact _____

Email _____

Phone _____

Referred by _____

Visit Date / / Time

Rating 1 2 3 4 5

\$ _____

Facility Name _____

NOTES/FIRST IMPRESSIONS

Website _____

Main Contact _____

Email _____

Phone _____

Referred by _____

Visit Date / / Time

Rating 1 2 3 4 5

\$ _____

Facility Name _____

NOTES/FIRST IMPRESSIONS

Website _____

Main Contact _____

Email _____

Phone _____

Referred by _____

Visit Date / / Time

Rating 1 2 3 4 5

\$ _____



MY PERSONAL CARE TEAM

IN-HOME CAREGIVER

Name _____

Phone _____

Email _____

Referred by _____

\$ _____

Notes

NAIL SERVICE

Name _____

Phone _____

Email _____

Referred by _____

\$ _____

Notes

GROCERY DELIVERY

Name _____

Phone _____

Email _____

Referred by _____

\$ _____

Notes

?

Name _____

Phone _____

Email _____

Referred by _____

\$ _____

Notes

HAIRDRESSER (IN-HOME?)

Name _____

Phone _____

Email _____

Referred by _____

\$ _____

Notes

FOOT CARE (IN-HOME?)

Name _____

Phone _____

Email _____

Referred by _____

\$ _____

Notes

MEALS ON WHEELS?

Name _____

Phone _____

Email _____

Referred by _____

\$ _____

Notes

?

Name _____

Phone _____

Email _____

Referred by _____

\$ _____

Notes



MY HOME TEAM

HANDYMAN

Name _____

Phone _____

Email _____

Referred by _____

Days/Times Available _____

\$ _____

Notes

HOUSE CLEANING SERVICE

Name _____

Phone _____

Email _____

Referred by _____

Days/Times Available _____

\$ _____

Notes

ELECTRICIAN

Name _____

Phone _____

Email _____

Referred by _____

Days/Times Available _____

\$ _____

Notes

GARDENER/LAWN SERVICE

Name _____

Phone _____

Email _____

Referred by _____

Days/Times Available _____

\$ _____

Notes

APPLIANCE REPAIR SERVICE

Name _____

Phone _____

Email _____

Referred by _____

Days/Times Available _____

\$ _____

Notes

ROOF REPAIR/GUTTER CLEANING

Name _____

Phone _____

Email _____

Referred by _____

Days/Times Available _____

\$ _____

Notes



PLUMBER

Name _____

Phone _____

Email _____

Referred by _____

Days/Times Available _____

\$ _____

Notes

WINDOW WASHER

Name _____

Phone _____

Email _____

Referred by _____

Days/Times Available _____

\$ _____

Notes



SOCIAL PILLAR OF AGING WELLBEING

Humankind has not woven the web of life. We are but one
thread within it. Whatever we do to the web, we do to ourselves.
All things are bound together. All things connect.

—Chief Seattle, 1854

MY VILLAGE

FRIEND

Name _____

Phone _____

Email _____

FRIEND

Name _____

Phone _____

Email _____

NEIGHBOR

Name _____

Phone _____

Email _____

NEIGHBOR

Name _____

Phone _____

Email _____

PLACE OF WORSHIP

Name _____

Phone _____

Email _____

LIBRARY

Name _____

Phone _____

Email _____

SENIOR CENTER

Name _____

Phone _____

Email _____

BOOK CLUB COORDINATOR

Name _____

Phone _____

Email _____

CARD CLUB COORDINATOR

Name _____

Phone _____

Email _____

ART CENTER

Name _____

Phone _____

Email _____

NATURE ORGANIZATION

Name _____

Phone _____

Email _____

LOCAL GYM

Name _____

Phone _____

Email _____



PARKS AND REC COMMUNITY CENTER

Name _____

Phone _____

Email _____

OTHER:

Name _____

Phone _____

Email _____

OTHER:

Name _____

Phone _____

Email _____

OTHER:

Name _____

Phone _____

Email _____



Eldercare 101

POTENTIAL ADULT DAY CARE PROGRAMS

Program Name _____	NOTES
Website _____	_____
Main Contact _____	_____
Email _____	_____
Phone _____	_____
Referred by _____	_____
Appt. Date / / Time	_____
Rating 1 2 3 4 5	_____
\$ _____	_____

Program Name _____	NOTES
Website _____	_____
Main Contact _____	_____
Email _____	_____
Phone _____	_____
Referred by _____	_____
Appt. Date / / Time	_____
Rating 1 2 3 4 5	_____
\$ _____	_____

Program Name _____	NOTES
Website _____	_____
Main Contact _____	_____
Email _____	_____
Phone _____	_____
Referred by _____	_____
Appt. Date / / Time	_____
Rating 1 2 3 4 5	_____
\$ _____	_____



MY POSSIBLE RIDES

TAXI SERVICE

Name _____

Phone _____

Website _____

Referred by _____

Times Available _____

\$ _____

Notes

PRIVATE DRIVER

Name _____

Phone _____

Website _____

Referred by _____

Times Available _____

\$ _____

Notes

MEDICAL FACILITY SHUTTLE SERVICE

Name _____

Phone _____

Website _____

Referred by _____

Times Available _____

\$ _____

Notes

PLACE OF WORSHIP VOLUNTEER

Name _____

Phone _____

Website _____

Referred by _____

Times Available _____

\$ _____

Notes

COMMUNITY SENIOR SHUTTLE

Name _____

Phone _____

Website _____

Referred by _____

Times Available _____

\$ _____

Notes

LOCAL MASS TRANSIT OPTION

Name _____

Phone _____

Website _____

Referred by _____

Times Available _____

\$ _____

Notes



UBER.COM/OTHER CAR SERVICE IN YOUR AREA

Name _____

Phone _____

Website _____

Referred by _____

Times Available _____

\$ _____

Notes

“TOWN CAR” SERVICE

Name _____

Phone _____

Website _____

Referred by _____

Times Available _____

\$ _____

Notes



MY MOVE MAVENS

SENIOR MOVE MANAGER

Name _____

Phone _____

Email _____

Website _____

Referred by _____

\$ _____

Notes

LOCAL U-HAUL

Name _____

Phone _____

Email _____

Website _____

Referred by _____

\$ _____

Notes

ESTATE SALE SERVICE

Name _____

Phone _____

Email _____

Website _____

Referred by _____

\$ _____

Notes

DONATION FACILITY

Name _____

Phone _____

Email _____

Website _____

Referred by _____

\$ _____

Notes

HELP FOR HIRE

Name _____

Phone _____

Email _____

Website _____

Referred by _____

\$ _____

Notes

APPRAISER

Name _____

Phone _____

Email _____

Website _____

Referred by _____

\$ _____

Notes



MY VERY BEST FRIEND

Name _____

Phone _____

Email _____

Website _____

Referred by _____

\$ _____

Notes

MY VERY STRONG GRANDCHILD

Name _____

Phone _____

Email _____

Website _____

Referred by _____

\$ _____

Notes



MEDICAL PILLAR OF AGING WELLBEING

Make a habit of two things: to help; or at least to do no harm.

—Hippocrates

MEDICAL AGING LIFE CARE TEAM

Primary Care Provider Name: _____

Group practice/company name: _____

Phone number: _____

Fax number: _____

Website: _____

Email address (if applicable): _____

Address: _____

Receptionist's name (if applicable): _____

Medical assistant name (if applicable): _____

"Back-office" phone number: _____

Business office contact's name (if applicable): _____

Business office phone number (if different): _____

DENTIST

Name _____

Phone _____

Email _____

Address _____

Covered by insurance? [] Yes [] No

Notes

EYE DOCTOR

Name _____

Phone _____

Email _____

Address _____

Covered by insurance? [] Yes [] No

Notes



FOOT DOCTOR

Name _____

Phone _____

Email _____

Address _____

Covered by insurance? [] Yes [] No

Notes

HEART DOCTOR

Name _____

Phone _____

Email _____

Address _____

Covered by insurance? [] Yes [] No

Notes

EAR/NOSE & THROAT DOCTOR

Name _____

Phone _____

Email _____

Address _____

Covered by insurance? [] Yes [] No

Notes

NEUROLOGIST

Name _____

Phone _____

Email _____

Address _____

Covered by insurance? [] Yes [] No

Notes



OTHER

Name _____

Phone _____

Email _____

Address _____

Covered by insurance? [] Yes [] No

Notes

OTHER

Name _____

Phone _____

Email _____

Address _____

Covered by insurance? [] Yes [] No

Notes

OTHER

Name _____

Phone _____

Email _____

Address _____

Covered by insurance? [] Yes [] No

Notes

OTHER

Name _____

Phone _____

Email _____

Address _____

Covered by insurance? [] Yes [] No

Notes



DAILY EXERCISE LOG

	ACTIVITY	TIME	DISTANCE	MENTAL EXERCISE	TIME
--	----------	------	----------	-----------------	------

SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					

Feel free to copy this page for exercise tracking.



POTENTIAL HEALTHCARE PROVIDERS

Name _____

NOTES

Phone _____

Referred by _____

Covered by insurance? [] Yes [] No

Appt. Date / / Time

Rating 1 2 3 4 5

Name _____

NOTES

Phone _____

Referred by _____

Covered by insurance? [] Yes [] No

Appt. Date / / Time

Rating 1 2 3 4 5

Name _____

NOTES

Phone _____

Referred by _____

Covered by insurance? [] Yes [] No

Appt. Date / / Time

Rating 1 2 3 4 5

Name _____

NOTES

Phone _____

Referred by _____

Covered by insurance? [] Yes [] No

Appt. Date / / Time

Rating 1 2 3 4 5



KEEPING UP WITH CHECKUPS AND VACCINES

Staying on top of regular physicals, eye exams, dental checkups, and vaccines is also important to health maintenance and overall wellness. Use this form as an annual reminder of what to do when.

YEAR _____

YEAR _____

WHEN DUE

WHEN DONE

WHEN DUE

WHEN DONE

ANNUAL PHYSICAL				
ANNUAL EYE EXAM				
6-MONTH DENTAL CHECK-UP/ CLEANING (OR MORE FREQUENTLY, DEPENDING UPON NEED)				
3-MONTH ROUTINE NAIL CARE AND/OR PODIATRY VISIT				
FALL FLU SHOT*				
TD/TDAP VACCINE*				
ANNUAL PNEUMOCOCCAL VACCINE TO FIGHT PNEUMONIA*				
ONE-TIME SHINGLES VACCINE*				

* Talk to your primary care provider to find out if these vaccines are right for you.



DIAGNOSIS LIST

BODY SYSTEM	DIAGNOSIS	DATES OF ILLNESS/ EVENT	TREATMENT
CARDIOVASCULAR (HEART AND CIRCULATION)			
RESPIRATORY (LUNGS AND BREATHING)			
MUSCULOSKELETAL (BONES AND BODY'S CONNECTIVE TISSUE)			
GASTROINTESTINAL (DIGESTION SYSTEM)			
INTEGUMENT (SKIN)			
ENDOCRINE (HORMONES)			
MENTAL HEALTH			
SENSES (EYES, EARS, NOSE,			

Feel free to copy this page for ongoing diagnosis tracking.



RECORD OF MEDICAL VISITS

DATE	CHIEF COMPLAINT	DIAGNOSIS	TREATMENT	FOLLOW UP
------	-----------------	-----------	-----------	-----------

Feel free to copy this form for ongoing tracking of your symptoms.



TRANSITION GURUS

AGING LIFE CARE MANAGER

Name _____

Phone _____

Email _____

Notes

INSURANCE CASE MANAGER

Name _____

Phone _____

Email _____

Notes

DISCHARGE PLANNER

Name _____

Phone _____

Email _____

Notes

FINANCE/BILLING ADVOCATE

Name _____

Phone _____

Email _____

Notes

PCP NURSE

Name _____

Phone _____

Email _____

Notes

RESOURCE COORDINATOR

Name _____

Phone _____

Email _____

Notes

OTHER

Name _____

Phone _____

Email _____

Notes

OTHER

Name _____

Phone _____

Email _____

Notes



SPIRITUAL PILLAR OF AGING WELLBEING

*And while I stood there I saw more than I can tell,
and I understood more than I saw;
for I was seeing in a sacred manner
the shapes of things in the spirit,
and the shape of all shapes
as they must live together like one being.*

—Black Elk in *Black Elk Speaks*

AFTER-LIFE CONSIDERATIONS FOR LGBT ELDERS

Whether we are willing to admit it or not, society is still not open and welcoming to our LGBT brothers and sisters. This can make end-of-life decisions and celebrations “sticky,” to say the least. One way to ensure that you are honored and remembered in the way you would like to be is to be forthright here and now regarding to what extent and in what manner you want your sexual orientation to be disclosed and discussed. Filling out this form and sharing it with loved ones and those who may handle your after-death details can help.

I identify my sexual orientation as: Gay Lesbian Transgender Other _____

I was open about my sexual orientation with: Everyone Only close friends My family
 No one Other _____

I DO DO NOT . . . have a partner.

If yes, I refer to my partner as: Life Companion Partner Husband/wife
Other _____

If yes, how long have you been together? _____

Did you have a commitment ceremony or marriage? Yes No

Do you want your partner referenced in your obituary? Yes No

Do you want your partner to be involved in your celebration of life and disposition plans?
 Yes No

If yes, has your family been informed? Yes No

Do you have any other requests regarding the disclosure and discussion of your sexual orientation after your death?



AFTER-LIFE DECISION GUIDE

WHAT? What do you want your survivors to do with your earthly remains?

- Earth burial. Where? (See below.) _____
[] In a coffin. If a coffin, do you have one picked out and/or purchased?
If so, from where? _____
If not, do you have a preference for the type of coffin, and, if yes, what would you like?

- [] Directly into the ground (“natural” burial). Where? _____
- Burial at sea.
- Cremation with burial. Burial where? _____
If burial, do you have a vessel picked out and/or purchased?
If so, from where? _____
If not, do you have a preference for the type of vessel, and, if yes, what would you like?

- Cremation with scattering. Scattering where? _____

If you already own a burial plot, note here the following:

Cemetery/Mausoleum _____ Phone number _____

Location/plot number _____ Location of your contract _____

Whether you choose burial or cremation, be aware of what happens if you die away from home. How does your body get from the funeral home or crematorium? How much will the transportation cost? If you have made arrangements to be cremated in your home town and die abroad, your body will have to be transported in a coffin to your home town unless you purchase particular “packages” and insurance. For details on this dilemma, contact your local crematorium.

Also, for information on legal and ethical considerations on scattering ashes, visit this web site: <http://www.cremationsolutions.com/Scattering-Ashes-Laws-Regulations-c108.html>. The site provides an overview of state and federal regulations regarding the scattering of cremated remains.



WHO? Who's going to do this work?

Do you need the services of a funeral director? [] Yes [] No If yes, has your family been served well in the past by someone or a particular company that you would choose to coordinate your burial? If yes, who is it?

Funeral home name _____

Person to contact _____ Phone number _____

Are you seeking a direct cremation? [] Yes [] No If yes, do you know the crematorium you would like your survivors to contact upon your death? If yes, who is it?

Crematorium name _____

Person to contact _____ Phone number _____

When choosing your funeral home or crematorium, is price a consideration? Charges can vary widely. Remember, after-death care is a service for which we pay, just as we pay our other bills. Seeking the best overall price, service and quality does not dishonor your loved one, nor does it necessarily reflect your love for the person.

Do you need the services of a religious leader? [] Yes [] No If yes, who would you like your survivors to contact?

Religious leader _____

Worship community _____ Phone number _____

WHEN?

Do you want to be buried or have your ashes spread/buried within a certain time frame? If so, when?

Are you a member of a religious community that specifies time limitations on cremation or burial?

[] Yes [] No

What type(s) of celebration(s) of life do you envision?

_____ Traditional funeral _____ Celebration of Life _____ Wake _____ Vigil _____ Viewing

WHERE?

If you would like to have a funeral or memorial service, where would you like it to be held?

Are you looking for a funeral home that has a nice chapel or room for an event? [] Yes [] No

If yes, note here any requests or suggestions of places to contact:



Or are you a member of a worship community or other organization that can or will hold your funeral or memorial service?
[] Yes [] No If yes, what is it?

Worship community _____

Person to contact _____ Phone number _____

DETAILS

Is it important to you that your body be present at your memorial service? [] Yes [] No

What sacred rituals would you like to commemorate your passing—and who will do them? For example: sitting shiva, burning a candle for seven days, having a church choir sing, releasing doves or balloons, having pallbearers carry the casket (who would you like to be asked?), having a group say the rosary, being wrapped in a quilt shroud, etc.

If you have a religious service, is there a traditional format you want followed or would you prefer only certain elements be included?

Are there cultural/heritage traditions you want to include in the memorial service?

Did you serve in the military? [] Yes [] No If yes, which branch? _____

If yes, would you like to have a flag ceremony as part of your memorial service? [] Yes [] No

What music, if any, do you want played and how? (e.g., organ, flute, harp, etc.)

Are there particular prayers, readings, poems, etc., you would like to have read and by whom?

Who would you like to attend or to be notified?

MEMORIALS

If friends and family want to honor you with memorial contributions, what are your wishes? Do you want flowers? Masses said in your memory? Do you have special charities you would encourage them to contribute to? If yes, what are they?



PLANNING A CELEBRATION OF LIFE

Some people want their families and friends to experience a joyful celebration of life with good food and drink, stories being shared, maybe even dancing. Would you like this type of reception? [] Yes [] No

If yes, when should it take place? Immediately after your funeral or memorial service? At a later date? At the convenience of your family and friends?

Do you have a place in mind for this reception (Favorite restaurant? Church hall? Temple lobby? Ballroom? etc.)
[] Yes [] No If yes, note here your request or suggestion of a place to contact:

Place _____ Phone number _____

Who would you like to attend?

Is there any **particular food** you want at your event? If so, what kind? Do any foods have special meaning to you? Share your story.

What **special elements** should be incorporated into your celebration of life party? For example: Do you have favorite colors? Do you want certain treasures or photos displayed? Do you want a guest book, prayer cards, and/or memorial cards? Do you want time set aside for people to speak? Do you want special music played? Do you want your family and friends to play games and dance? Do you want stories or poems read? If so, by whom?

Is there someone you would like to have as the “**master of ceremonies**” for the reception? If yes, who?

_____ Phone _____

Do you want to record a **video of you sharing your life legacy** or create a slide presentation with music and captions to share your life? Or, do you want someone to do this for you?

Do you have **pets**? How should they be included?

Now take a few moments and close your eyes. Imagine this special celebration of You. Walk through the event in your mind and notice who is there and what it sounds like. Are there special smells? Does it look the way you have planned? Consider all the elements, and then see how that feels to you. Does it achieve what want? Is it simple enough? Is it loud enough? Does it convey your sacred wish? Does it honor your legacy? Now go back through your plan and make any changes you considered.



WRITING YOUR OWN OBITUARY

As noted earlier, one important element in a leave-taking ritual is a remembrance and celebration of the deceased person's life within the context of his ultimate commitments. This guideline applies to a person's obituary as well. A good obituary is much more than a list of dates and activities: It's a retrospective of a life with a thematic center. As such, it requires some reflection.

Your elder might be interested in writing his or her own obituary. If that's the case, have him ponder these guidelines:

- As you think about what you've done in your life, take some time to think about why. For example, if you enjoyed fishing, you might want to reflect on what about it appealed to you. Was it the opportunity to be out in nature, or was it perhaps an activity you could share with your family?

- What motivated you to persevere when your work or some other important part of your life became difficult?

- As you reflect on your life, what accomplishment has given you the greatest satisfaction and why?

- No matter how much space is allotted for an obituary, try to give your reader a sense of what gave your life meaning. You might even want jot down ideas and begin drafting your final words to the world.

