



Thank you for considering Final Chapters. This confidential form will help us understand your specific needs and recommend personalized services. We will not share your information with third parties without your express written permission unless required by law. *Please answer the questions that feel relevant to your current situation.*

Personal Information

Name: _____ **Age:** _____

Phone Number: _____ **Email Address:** _____

Mailing Address: _____

Preferred Contact Method: ☐ Call ☐ Text ☐ Email **Marital Status:** ☐ Married ☐ Single ☐ Widowed

Do you have any children? ☐ Yes ☐ No

If yes: **How many?** _____ **How many are minors or dependents?** _____

Other than a spouse or partner, what is the geographic proximity of your loved ones?

☐ Local ☐ Distant ☐ Mixed

Late-Life Planning & Organization Assessment

1. Have you organized and documented the following information?

	Yes	No	Somewhat
Healthcare providers and medical information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial accounts (banking, investments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online accounts, passwords, and digital files	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly bills and recurring services/accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance policies (auto, home, liability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other insurance (life, burial)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property and major assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outstanding debts (mortgage, loans, credit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Does a loved one (other than a spouse/partner) know where to find the above information if necessary?

☐ Yes ☐ No ☐ Somewhat

3. Have you designated in writing a power of attorney?

☐ Yes ☐ No ☐ Not sure

4. Have you done any of the following?

	Yes	No	Somewhat
Considered and discussed your long-term care preferences (remain in home, assisted living) with your loved ones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Considered and discussed the financial costs associated with your long-term care preferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional notes about organizing your affairs:

End-of-Life Planning Assessment

5. Have you done any of the following?

	Yes	No	Somewhat
Documented your end-of-life care preferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicated your end-of-life care preferences to your loved ones (other than a spouse or partner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you expect any disagreement among your loved ones about your end-of-life care?

☐ Yes ☐ No ☐ Somewhat/Maybe

If so, brief explanation: _____

7. Do you have any of the following documents in place?

	Yes	No	Not Sure
Advance healthcare directive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do Not Resuscitate (DNR) order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LaPOST form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Can the above documents (if any) be easily accessed by loved ones (other than a spouse/partner) and caretakers if needed?

☐ Yes ☐ No ☐ Somewhat

9. Do you have specific wishes about your care if you become unable to communicate?

☐ Yes ☐ No ☐ Haven't thought about it

Additional notes about end-of-life planning:

Final Arrangements Planning Assessment

10. Have you made any pre-arrangements for your funeral or other final services?
☐ Yes ☐ No ☐ Somewhat
11. Have you considered your preferences for the smaller details of your funeral or other final services (prayer cards, music, officiants, flowers)?
☐ Yes ☐ No ☐ Somewhat
12. Have you planned for the financial costs associated with your funeral or memorial service?
☐ Yes ☐ No ☐ Somewhat
13. If you have done some planning, are your plans and preferences documented and accessible to your loved ones (other than a spouse/partner)?
☐ Yes ☐ No ☐ Somewhat
14. If you have not done any planning or not completed your planning, would you like to preplan your funeral or other final arrangements as a thoughtful gift to your loved ones, relieving them of difficult decisions during a time of grief?
☐ Yes, this is important to me. ☐ No, I am not concerned about this.

Additional notes about funeral and memorial planning:

Legacy Assessment

15. Do you expect any disagreement among your loved ones over your property and belongings after your passing?
☐ Yes ☐ No ☐ Somewhat
16. Do you have a will?
☐ Yes ☐ No ☐ Not sure
17. Do you have any trusts established?
☐ Yes ☐ No ☐ Not sure
18. Are you interested in documenting or recording important life stories or wisdom to pass down?
☐ Yes ☐ No ☐ Not sure
19. Do you have specific heirlooms or possessions with stories or significance you want preserved?
☐ Yes ☐ No

20. Are you concerned about what happens to your digital presence (social media, photos, accounts) after death?

☐ Yes ☐ No ☐ Somewhat

Additional notes about legacy planning:

Current Situation & Planning Timeframe

21. What prompted you to seek our services at this time?

☐ Proactive planning
for the future
☐ Recent health
changes or diagnosis

☐ Caring for a loved
one
☐ Recent loss of a
loved one

☐ Family suggestion
☐ Other: _____

22. When would you like to begin addressing these matters?

☐ Urgent need
☐ Within the next
month

☐ Within the next 3-6
months
☐ Sometime this year

☐ Just exploring options
for future reference

Brief description of your current needs and priorities:

Communication Preferences

23. Would you like to include loved ones or others in our discussions?

☐ Yes, I'd like to include: _____
☐ No, I prefer to meet privately

24. Do you have any specific communication needs or preferences we should know about?

25. How would you like to meet for your initial consultation?

☐ In-person at a local establishment ☐ In-home visit ☐ Virtual meeting ☐ Phone call

Best days/times: _____

Thank you for completing this form. *Please email your completed form to info@finalchapters.net.*