Pre-Consultation Intake

Before we ever speak

The more complete and honest you are here, the more your call is spent solving problems instead of gathering background. Take your time. Skip anything that does not apply, and get detailed where it matters. Everything you share is confidential and used only to prepare for your call. Print this and fill it in, or type into it. Plan on about 20 to 30 minutes.

Completed by (your name and relationship to the senior):

Date:

1. You

Your full name:

Preferred name:

Your relationship to the senior:
[ ] Son [ ] Daughter [ ] Spouse [ ] Other: _____

Phone:

Email:

City and state:

Best way and time to reach you:

2. The Senior

Name:

Age, and gender:

Current living situation:
[ ] Own home [ ] Renting [ ] With family [ ] Senior community [ ] Other

City and state they live in:

Do they live alone?
[ ] Yes [ ] No, they live with: _____

Health conditions, please be specific:

Cognitive status:
[ ] Sharp [ ] Mild decline [ ] Moderate decline [ ] Dementia or Alzheimer's

Mobility:
[ ] Independent [ ] Cane or walker [ ] Wheelchair [ ] Mostly bedbound

Help needed with daily activities (bathing, dressing, meds, meals):
[ ] None [ ] Some [ ] Significant [ ] 24/7 care needed

Any recent falls?
[ ] No [ ] Yes. When and what happened:

Recent hospitalizations?
[ ] None [ ] One [ ] Two or more. Details:

Still driving?
[ ] Yes [ ] Limited [ ] No Manages own medications? [ ] Yes [ ] With help [ ] No

Any care in place now (in-home help, aides, meal service)? Describe:

3. The Home

Ownership:
[ ] Own, paid off [ ] Own, with a mortgage [ ] Own, with a HELOC [ ] Rent

Estimated value, amount still owed on the mortgage, and any HELOC balance:

Home type:
[ ] Single family [ ] Condo or townhome [ ] Manufactured [ ] Other

Square feet, bedrooms, bathrooms, and year built:

Roughly how old is the roof, and the HVAC?

Overall condition:
[ ] Move-in ready [ ] Cosmetic work [ ] Moderate repairs [ ] Major work

Kitchen and bathrooms:
[ ] Updated [ ] Dated or original

Estimated repairs needed, and any known issues (roof, foundation, insurance, fire zone):

Whose name is on the deed, and how is it titled (individual, joint, in a trust)?

Any recent appraisal or agent market analysis?
[ ] No [ ] Yes. Value and when:

4. Other Property

Do you or the senior own any other real estate (a rental, land, a second home, family property)?
[ ] No [ ] Yes

If yes, describe each one: type, location, paid off or owed, income it brings, and condition:

What are your thoughts or plans for it (keep it, sell it, unsure)?

5. Pressure and Offers

Have you received "we buy houses" letters or cash offers?
[ ] No [ ] A few [ ] A lot

Has anyone (a buyer, a company, a neighbor) pushed for a fast sale or a signature?

[ ] No [ ] Yes. Describe:

Have you signed anything, or is a contract in front of you now?
[ ] No [ ] Yes. Describe:

Is any real estate agent already involved?
[ ] No [ ] Yes. Who:

6. Money and Benefits

Monthly income and where it comes from (Social Security, pension, survivor benefit, other):

Rough total in savings and investments:

Roughly, monthly expenses:

Long-term care insurance?
[ ] No [ ] Yes. Monthly benefit: _____

VA eligibility:
[ ] Yes, veteran [ ] Yes, surviving spouse [ ] No [ ] Unsure

Medicaid likely needed:
[ ] Within 2 years [ ] In 3 to 5 years [ ] Unlikely [ ] Unsure

Any letters or notices from Medicaid or estate recovery?
[ ] No [ ] Yes. Describe:

Who handles the finances day to day?

7. Legal and Documents

Durable financial power of attorney:

[ ] Yes [ ] No [ ] Outdated

Healthcare power of attorney:
[ ] Yes [ ] No [ ] Outdated HIPAA release: [ ] Yes [ ] No [ ] Unsure

Will or trust:
[ ] Will [ ] Revocable trust [ ] Irrevocable trust [ ] None [ ] Outdated

Executor or trustee named?
[ ] Yes: _____ [ ] No

Elder law attorney:
[ ] Yes [ ] No [ ] Searching

Any concern about the senior's ability to sign documents (capacity)?
[ ] No [ ] Yes. Explain:

8. Family and Roles

How many adult children are involved, and are any out of state (where)?

Primary caregiver or coordinator, and where they live:

Family alignment (1 = pulling apart, 5 = fully united):
[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

Any family conflict?
[ ] None [ ] Minor [ ] Significant [ ] Major

The senior's willingness to move or make changes:
[ ] Willing [ ] Reluctant [ ] Resistant [ ] Refuses

9. The Transition

Where are you in this?
[ ] Planning ahead, 1 to 5+ years [ ] Getting close, 3 to 12 months [ ] Urgent, 0 to 3 months

What is forcing the timeline (a fall, a diagnosis, money, a deadline, nothing yet)?

Preferred direction:
[ ] Independent living [ ] Assisted living [ ] Memory care [ ] Move in with family [ ] Age in place [ ] Unsure

Target move date, if any:

Home-sale leaning:
[ ] Traditional sale [ ] As-is cash [ ] Hybrid [ ] Undecided

Which options are you weighing right now?

10. Your Goals and What Matters Most

Your number-one goal for all of this:

Your biggest fear or worry:

What matters most (check all that apply):
[ ] Staying independent [ ] Being near family [ ] Leaving an inheritance [ ] Not being a burden [ ] Keeping costs down
[ ] Peace of mind [ ] Other

Anything else Ryan should know before your call?

Return this to ryan@rigginsstrategicsolutions.com at least 48 hours before your session. All information is confidential and used only to prepare for your call. Education and real estate guidance, not legal, tax, or financial advice.