



Concerns Assessment

Please rate the following concerns with 1 being the lowest and 10 being the highest. We will review your responses during our upcoming meeting. Thank you!

Your Name: _____

On a scale of 1 to 10, I am concerned about:	Rating:
How to access and pay for care if I need it	
Running out of money if I become ill and require significant care	
Having no control over who provides care for me if I need it	
Choosing the type of care I want and where I want to receive it	
Leaving an inheritance to my loved ones, only to have it taken by a creditor	
My children misusing the property or money I leave to them	
Providing support to a loved one with a disability during my lifetime and after my death	
Making sure my wishes about care and finances are carried out	
Taking advantage of tax breaks where possible	
Keeping the home in the family	
Reducing the risk of conflict among family members	
Treating each child/loved one equally	