Yearly Review Checklist

For: _____

Date: _____

Pick a repeating date: a birthday, New Year's Day or the clock change. About four minutes per stop. Write "Last reviewed" and the date on page one of the binder.

	Stop	Changes
☐	Emergency One-Pager. Are the medications, doctors and contacts current? Replace the copies on the fridge and in phones.	
☐	Contacts. Anyone moved, changed number or died? Do the people on the tree still agree to serve?	
☐	Health. New diagnoses, medications or specialists? Update the wishes if anything has changed.	
☐	Legal. Any change in family, health or residence since the documents were made? Do the named people still want, and still have the ability, to act?	
☐	Money. New accounts, closed accounts, new insurance, new beneficiaries? Is the Bill Calendar right?	
☐	Home. New keyholders? New services? Pets? Vehicles?	
☐	Digital. New accounts, devices or phone number? Are recovery details still correct?	
☐	Safety. Has your parent had any suspicious calls or messages? Are the callback rule and alerts still in place?	

Review sooner after...

- ☐ A hospital stay or new diagnosis
- ☐ A death or serious illness in the family
- ☐ A move, or a change in who lives in the home
- ☐ A marriage, separation or divorce
- ☐ A new power of attorney or will
- ☐ A big change in finances
- ☐ A scam attempt, or a loss
- ☐ The start of paid care or a move to a residence

Review date: _____ Reviewed by: _____ Gap scores re-checked ☐ Calendar set for next year ☐