

PROFESSIONAL MEMBER WORKBOOK

# The Gemini Notebook Workbook

*for aging in place professionals*

---

Set it up correctly once. Protect your clients. Then put it to work in twenty specific places in your practice.

---

A COMPANION WORKBOOK FROM

## The Aging in Place Directory

[aginginplacedirectory.com](https://aginginplacedirectory.com)

AI Tools Webinar Series for Professional Members

## START HERE

# How to use this workbook

Read it once. Then keep it next to you the first three times you build a notebook.

This workbook is fillable. You can type directly into the shaded fields on screen, or print it and write in them. Either way, the pages you complete become reusable assets: a chat instruction you paste into every new notebook, a question bank you stop reinventing, and a log of what you have already built.

Gemini Notebook is the tool formerly called NotebookLM. Google renamed it on July 16, 2026. Same product, same notebooks, same address. It reads only the documents you give it, which is exactly why it suits our work.

## Work through Part Two in order the first time

The setup steps look optional. They are not. Skipping the de-identification step creates a real professional exposure, and skipping the Configure Chat step is why most people conclude the tool "sounds like AI" and quit. After your first notebook, steps 3 and 4 take about ninety seconds each.

## One thing this workbook will not do

It will not tell you whether uploading client-derived material to a consumer AI tool is permitted in your setting. That depends on your license, your employer, your payer contracts, and your state. Find out before you upload, not after. Everything in Part Two, Step 2 assumes you have already answered that question for yourself.

## What to have in front of you

- ☐ A Google account you are signed into. The core features are free.
- ☐ Two or three real documents from your own practice. A page of your state's waiver manual, a contractor bid, an equipment manual, a home assessment.
- ☐ Your intake form and your standard scope language, if you have them written down anywhere.
- ☐ Ten samples of your own writing. Blog posts, client emails, report narratives.
- ☐ Your organization's policy on client data and third party tools, if one exists.

## What is inside

|                                                                                              |           |
|----------------------------------------------------------------------------------------------|-----------|
| <b>Part One.</b> What the tool is, what it makes, and where it stops                         | <b>3</b>  |
| <b>Part Two.</b> Set up your first client notebook, in seven steps                           | <b>5</b>  |
| <b>Part Three.</b> Twenty notebooks to build, ten for your business and ten for your clients | <b>12</b> |
| <b>Part Four.</b> Your first thirty days                                                     | <b>16</b> |
| <b>Part Five.</b> Reusable pages: notebook log, prompt library, session checklist            | <b>17</b> |

## PART ONE

# What the tool is, what it makes, and where it stops

Ten minutes here saves you an hour of poking at menus later.

## The short version

A notebook is a container. You put sources into it: PDFs, documents, slides, audio files, links. Then you ask questions, and it answers only from what is in that container. Every answer carries a citation back to the passage it came from, so you can click through and read the original sentence yourself.

That is the whole difference between this and a general chatbot. A general chatbot answers from everything it has ever read. This answers from the five documents you handed it. For people who work with waiver manuals, denial letters, and discharge packets, that distinction is the entire point.

## What it can produce from your sources

| OUTPUT                     | WHAT IT IS                                                                               | BEST USED FOR                                                                                 |
|----------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Chat answers               | Direct answers with citations back to the source passage.                                | The fastest path. Copy, edit, send.                                                           |
| Audio Overview             | A two host discussion of your documents. Generates in 50+ languages.                     | The adult child who listens on a commute. Households where English is not the first language. |
| Video Overview             | A short narrated video built from the same sources.                                      | Family education, referral source outreach, in service training.                              |
| Data Table                 | Scattered documents pulled into one comparison grid with the columns you specify.        | Three contractor bids. Fifteen stair lift spec sheets. Downsizing options.                    |
| Infographic and Slide Deck | Visual summaries of the source material.                                                 | Handouts, lead magnets, in services.                                                          |
| Flashcards and Quizzes     | Auto generated study material from what you uploaded.                                    | Onboarding a new aide. Training a family caregiver.                                           |
| Configure Chat             | Standing instructions that control role, reading level, and priorities for every answer. | Making the output sound like you instead of like a robot.                                     |

## Where it stops

Know these before you promise anything to a client or a referral source.

- **There is no whole notebook export.** You cannot hand someone a single file containing everything.

- **Slide exports may render as images** rather than editable text.
- **Flashcards and quizzes share by link only.** There is no file download.
- **Audio downloads as a .wav file** from the three dot menu next to the player.
- **It misreads tables, collapses nuance, and states cautious findings as settled ones.** Source grounding reduces error. It does not eliminate it.

### Interactive mode: know about it, skip it for now

You can interrupt an Audio Overview and ask the hosts a question out loud. It is English only, it works only on newly generated Deep Dive overviews, and nothing you say is saved or added to the downloadable file. Treat it as a comprehension aid for you, not as something you hand to a family.

### A note on what stays private

Google states that voice and transcribed interactions in Audio Overview's interactive mode are not stored or shared. That is a statement about one feature. It is not a blanket assurance about your uploaded source documents. Read the current terms for the account tier you are actually on. Consumer, Workspace, and Education accounts are not governed identically.

## BEFORE YOU MOVE ON

WHICH ACCOUNT TIER AM I ON, AND WHAT DO ITS TERMS SAY ABOUT MY UPLOADED DOCUMENTS?

---

---

WHO AT MY ORGANIZATION NEEDS TO APPROVE THIS BEFORE I USE IT WITH CLIENT MATERIAL?

---

## PART TWO

# Set up your first client notebook

Seven steps. Work through them in order the first time.

1

## BEFORE YOU OPEN ANYTHING

## Decide what this notebook is for

- ☐ **One notebook, one purpose.** One client, or one topic. Never both. Mixed sources produce mushy answers.
- ☐ **Name it so you will recognize it in six months.** Client number plus purpose, not "Notebook 4."
- ☐ **Write down the deliverable first.** A family facing summary? A modification scope for a contractor? A prep list before a discharge? The answer changes what you upload.
- ☐ **Confirm who will see the output.** Family, client, referral source, contractor, or only you.

## WORKSHEET: NOTEBOOK PLANNING SHEET

NOTEBOOK NAME

CLIENT NUMBER OR TOPIC CODE

|  |  |
|--|--|
|  |  |
|--|--|

THE ONE DELIVERABLE THIS NOTEBOOK EXISTS TO PRODUCE

|  |
|--|
|  |
|--|

WHO READS THE OUTPUT

DEADLINE

|  |  |
|--|--|
|  |  |
|--|--|

WHAT DECISION DOES THIS OUTPUT NEED TO MAKE EASIER?

|  |
|--|
|  |
|--|

## 2

DO NOT SKIP THIS ONE

## De-identify before you upload

This is the step professionals get wrong. Uploading a real discharge summary with a real name, date of birth, and medical record number into a consumer AI tool is a decision you should make deliberately, not by default at 9pm because you were in a hurry.

Strip identifiers first. The tool works exactly as well on "82 year old female" as it does on a named person, and you remove the entire question.

- ☐ **Remove names.** Client, family members, and neighbors. Replace with role: "the client," "the daughter."
- ☐ **Remove dates of birth, medical record numbers, account numbers, and insurance identifiers.** Age alone is enough for clinical reasoning.
- ☐ **Remove the street address.** "Single story ranch, 1968" keeps everything you need. The house number adds nothing.
- ☐ **Remove provider and facility names** unless you specifically need the tool to reason about them.
- ☐ **Keep everything clinical.** Diagnoses, medications, measurements, and functional levels are what make the output useful.
- ☐ **Check your organization's policy** before uploading anything client derived, identified or not.

### WORKSHEET: YOUR SUBSTITUTION KEY

Fill this in once per client, keep it outside the notebook, and use the right hand column in everything you upload. This is also what you speak into a voice recorder instead of a name.

| WHAT APPEARS IN THE ORIGINAL | WHAT I WILL REPLACE IT WITH | WHERE IT APPEARS |
|------------------------------|-----------------------------|------------------|
| Client name                  |                             |                  |
| Primary family contact       |                             |                  |
| Address                      |                             |                  |
| Date of birth                |                             |                  |
| MRN / account number         |                             |                  |
| Facility or provider         |                             |                  |
| Other                        |                             |                  |

### Voice memos count as documents

If you walk a home and talk into your phone instead of typing, everything above applies to what you say out loud. Use the client number. Say "the client" and "the daughter." It takes one visit to build the habit and it removes the problem permanently.

## 3

## QUALITY IN, QUALITY OUT

## Load your sources

- ☐ **Upload the primary clinical document first.** Discharge summary, evaluation, or assessment report.
- ☐ **Add supporting documents about the same person or property.** Home assessment, therapy notes, equipment list, contractor bid.
- ☐ **Add your own reference material.** Your intake form, your standard scope language, your regional cost sheet. This is what makes the output sound like you.
- ☐ **Do not add general web sources yet.** A notebook full of blog posts will bury the client's actual situation.
- ☐ **Confirm each source finished processing** before you ask anything. Partial uploads produce confidently wrong answers.
- ☐ **Spot check one detail you know is in the document.** If it cannot find it, the upload failed.

**WORKSHEET: SOURCE INVENTORY**

| SOURCE | DE-IDENTIFIED? | SPOT CHECK QUESTION I ASKED |
|--------|----------------|-----------------------------|
|        |                |                             |
|        |                |                             |
|        |                |                             |
|        |                |                             |
|        |                |                             |
|        |                |                             |

### The reference notebook worth building first

Separate from any client notebook, build one permanent reference notebook and load it once: your CAPS materials and ADA or ANSI references, your state's Medicaid HCBS waiver manual, VA HISA grant and Aid and Attendance guidance, your local permitting requirements, and your Area Agency on Aging program list. It takes an afternoon and then it answers funding questions for the next two years. Because every answer cites the page, you can forward the actual source to a family instead of saying "I think it is covered."

## 4

THE STEP ALMOST NOBODY USES

## Configure Chat

This is the single highest leverage thing in the tool. You set the role, reading level, and priorities once, and every answer from that point forward comes back that way.

- ☐ **Find the configuration icon at the top of the chat panel.** Sliders or a gear. It is not in account settings.
- ☐ **Select Custom for the conversation goal.** The text field does not appear until you do. This is why people give up.
- ☐ **Paste your instructions.** The field holds up to 10,000 characters, which is roughly two pages, not one.
- ☐ **Set response length in the same panel** while you are there.
- ☐ **Save, then ask a test question** to confirm the voice actually changed.
- ☐ **Keep your instruction in a text file** so you can paste it into every new notebook.

### STARTER INSTRUCTION. ADAPT, DO NOT COPY BLINDLY.

You are an occupational therapist with 15 years of home modification experience, writing for a family member with no clinical background. Use plain language at roughly a 7th grade reading level. Define any clinical term the first time you use it. Always lead with the safety concern before anything else.

Answer only from the uploaded sources. When the sources do not cover something, say so plainly, name what document would answer it, and stop. Do not fill the gap from general knowledge.

When you make a recommendation, say which source supports it.

Never give medical advice, diagnose, or suggest medication changes.

### Why the second paragraph matters more than it looks

"Never recommend anything the sources do not support" tells the tool what not to do, but not what to do instead, so it tends to go quiet or hedge. Telling it to name the gap and name the document that would close it turns a dead end into a next action for you.

## Workspace: build your own Configure Chat instruction

Write it once. Paste it into every notebook you build from here forward. Answer the seven prompts, then assemble them into the block at the bottom.

1. WHO SHOULD IT BE? DISCIPLINE, YEARS OF EXPERIENCE, SETTING.

2. WHO IS READING THE ANSWER? FAMILY, CLIENT, CONTRACTOR, REFERRAL SOURCE.

3. WHAT READING LEVEL AND TONE?

4. WHAT MUST IT ALWAYS LEAD WITH?

5. WHAT SHOULD IT DO WHEN THE SOURCES DO NOT COVER SOMETHING?

6. WHAT MUST IT NEVER DO?

7. ANYTHING SPECIFIC TO YOUR PRACTICE, REGION, OR REFERRAL SOURCES?

MY FINISHED INSTRUCTION, READY TO PASTE

SAVED TO WHICH FILE OR LOCATION

TEST QUESTION I USED TO CONFIRM IT WORKED

## 5

## THE DIFFERENCE IS SPECIFICITY

## Ask better questions

Most disappointing output traces back to a lazy question. These five patterns do most of the work.

- ☐ **Ask for what is missing, not just what is there.** "What does this discharge summary leave unresolved for a client returning home alone?"
- ☐ **Ask it to prioritize against a real constraint.** "Which of these can be completed in eight days without a permit?"
- ☐ **Ask for the same content at two reading levels.** One for the family, one for the referral source.
- ☐ **Ask it to argue with itself.** "What would a contractor say is unrealistic about this scope?"
- ☐ **Ask for the question you should have asked.** "What did I not ask about that matters here?"
- ☐ **Follow the citations.** Click through to the source passage. Every time, not occasionally.

### WORKSHEET: YOUR FIVE QUESTIONS FOR THIS NOTEBOOK

Write them before you open the chat. Use one of each pattern above.

THE ANSWER THAT SURPRISED ME, AND WHAT I DID ABOUT IT

## 6

YOU ARE THE PROFESSIONAL, NOT THE TOOL

## Verify before it leaves your hands

Nothing generated here goes to a client, a family, or a referral source unreviewed. Source grounded output is more reliable than an open chatbot, and it is still wrong sometimes. Your license is on the document, not Google's.

- ☐ **Check every measurement and number** against the original document.
- ☐ **Check every medication reference.** This is the highest risk category of error in this kind of work.
- ☐ **Check that nothing was invented.** A recommendation that sounds right but appears in no source.
- ☐ **Check the tone** against how you would actually say it to this family.
- ☐ **Add what only you know.** The tool never met the client and never saw the house.
- ☐ **Put your own name on it and take responsibility for it,** or do not send it.

ERRORS I CAUGHT THIS TIME, SO I KNOW WHAT TO LOOK FOR NEXT TIME

## 7

DELIVERABLES, NOT DEMOS

## Turn it into something usable

PICK THE FORMAT BY WHO IS RECEIVING IT

| IF THE RECIPIENT IS                                 | SEND THIS                                                                                    |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------|
| A long distance adult child                         | Audio Overview. They listen on the commute and call you back informed instead of suspicious. |
| A spouse who does not read well                     | Audio Overview of the plain language summary.                                                |
| A client with mild cognitive impairment             | Video Overview they can rewatch without feeling embarrassed about asking you again.          |
| A household where English is not the first language | Audio or Video Overview generated in the household language.                                 |
| A family comparing options or bids                  | Data Table on one page.                                                                      |
| A new caregiver or a new hire                       | Flashcards and a quiz, shared by link.                                                       |
| A discharge planner or case manager                 | A four minute Video Overview. Nobody is reading your brochure.                               |
| Only you                                            | Chat answers. Copy, edit, done.                                                              |

## PART THREE

# Twenty notebooks to build

Ten that make your business run better. Ten that make your clients understand you better. Check off the ones you will actually do, and note what you would upload.

---

## TEN FOR YOUR BUSINESS

## 1 Stop guessing at code and funding rules

Load your CAPS and ADA or ANSI references, your state's HCBS waiver manual, VA HISA and Aid and Attendance guidance, local permitting requirements, and your Area Agency on Aging list. Then ask whether any program will pay for a specific modification for a specific client profile, and what documentation it requires.

Build this one first. An afternoon of setup answers questions for two years, with a citation you can forward.

## 2 Talk your assessment instead of typing it

Walk the home, talk into your phone's voice recorder, upload the audio as a source, and ask for your standard report format.

A few minutes of talking replaces forty minutes of typing. Use the client number out loud, never a name.

## 3 Three quotes in, one table out

Upload the contractor bids. Generate a Data Table. Send it to the family.

Families cannot compare bids formatted three different ways. A clear table closes the job faster.

## 4 Become the expert on a product category in one evening

Upload spec sheets for every stair lift, shower chair, or smart sensor you are considering, and generate a Data Table.

That one table becomes a client handout, a blog post, and a lead magnet. Three assets from one evening.

## 5 Onboarding without buying training software

Upload your SOPs, safety protocols, and documentation standards. Generate quizzes and flashcards. Share the link with your new tech or aide.

You were never going to build a training course. This takes ten minutes with paperwork you already have.

## 6 A four minute video that explains what you do

Build a notebook with your service description and two de-identified case examples. Generate a Video Overview and email it to discharge planners, case managers, and elder law attorneys.

They are drowning. They will not read your brochure, but they will watch four minutes over lunch.

## 7 One assessment becomes six pieces of content

The same de-identified assessment can become a blog draft, an infographic, a podcast style audio file, and a slide deck.

You are already producing the raw material. You are just not reusing it.

## 8 Find out what actually closes your deals

Upload past proposals, follow up emails, and notes from calls that went nowhere. Ask which five objections come up most often, and which of your responses were followed by a signed contract.

Your sales history is sitting in your email doing nothing. This turns it into a playbook.

**9****Answer the same RFP questions faster every time**

Load the RFP, your capability statement, past winning responses, and your insurance and licensing documents.

If you bid on municipal or nonprofit work, the questions repeat. Stop rewriting them.

**10****Make it sound like you, not like a robot**

Upload ten pieces of your own writing and add a Configure Chat instruction telling it to write in that voice, in short sentences, with no jargon.

The number one complaint about AI writing is that it sounds like AI. This is the fix, and it takes fifteen minutes.

## TEN FOR YOUR CLIENTS AND THEIR FAMILIES

**1 For the adult child who lives 2,000 miles away**

After the assessment, build a notebook with your report, product links, and the estimate. Generate an Audio Overview and send it.

She listens on her commute and calls you back informed instead of suspicious.

**2 Fourteen pages of hospital paperwork, translated**

Upload the whole packet. Ask for a one page plain English summary plus every appointment and deadline it contains. Then generate an Audio Overview for the spouse who does not read well.

Nobody reads that packet. It goes on the counter and stays there. This is a safety intervention, not a convenience.

**3 One notebook the whole family can ask questions of**

Load the care plan, medication list, provider contacts, and equipment manuals. Share the link with all four siblings.

Each person's chat history is private to them, so the son who is embarrassed to ask a basic question can ask it.

**4 "The bed alarm keeps beeping and I don't know why"**

Upload every manual: hospital bed, transport chair, shower chair, lift, monitor. The family asks in plain English.

They get the answer without hunting a 60 page PDF at 11pm, and you get the evening back.

**5 Train the daughter who just became a caregiver on Tuesday**

Upload the discharge instructions and the therapist's technique handout. Generate flashcards and a quiz she can use on her phone.

She is terrified and has no training. Give her something to practice with while she waits in the pharmacy line.

**6 Same content, every language the family speaks**

Generate the family briefing in English for the adult children, and in the household language for the client herself.

Think about what that does for informed consent. She hears the plan in her own kitchen, as many times as she wants.

**7 For clients with mild cognitive impairment**

Generate a Video Overview of the modification plan they can rewatch as often as they need.

Repetition without shame. That is the clinical value here, and it is real.

**8 Downsizing, sorting, and choosing**

Upload the inventory or the options under consideration. Generate a Data Table with the criteria that matter to this family: cost, effort, timeline, emotional weight.

Families get paralyzed by too many choices. One page can remove the paralysis.

**9 The life story project**

Record interviews with the older adult. Upload the audio plus scanned letters and photo captions. Generate an Audio Overview about their life. This one requires the paid tier.

Especially for senior move managers and downsizing professionals. Get written permission first. The grandchildren keep it forever.

10

"What will actually pay for this?"

Upload the client's plan documents, the denial letter if there is one, and the relevant program rules. Ask what the coverage criteria are and where the gaps are.

This tells you what the documents say. It does not give legal or insurance advice, and neither do you. You just walk in having actually read all 40 pages.

WORKSHEET: THE THREE I WILL BUILD FIRST

| WHICH ONE | WHAT I ALREADY HAVE TO UPLOAD | BUILD IT BY |
|-----------|-------------------------------|-------------|
|           |                               |             |
|           |                               |             |
|           |                               |             |

## PART FOUR

# Your first thirty days

Do not try all twenty. Four things, one per week.

## Week one. Build the reference notebook.

Part Three, business item 1. Funding rules, code references, and local permitting. One afternoon. No client data in it at all, so nothing to de-identify, which makes it the safest place to learn the tool.

DAY AND TIME I HAVE BLOCKED FOR THIS

## Week two. Write your Configure Chat instruction.

Part Two, Step 4. Fifteen minutes with your own writing samples. Save it to a text file. Paste it into the reference notebook and ask the same question twice, before and after, so you can see the difference for yourself.

WHERE MY INSTRUCTION FILE LIVES

## Week three. Run one assessment by voice.

Part Three, business item 2. Pick a low stakes visit. Use the client number out loud. Test the whole workflow once before you rely on it for anything that matters.

WHICH VISIT, AND WHAT WENT WRONG THAT I WANT TO FIX NEXT TIME

## Week four. Send one Audio Overview to a family.

Part Three, client item 1. Long distance adult child, de-identified summary, your own voice instruction applied. Then watch what happens to the next phone call.

WHO I SENT IT TO, AND HOW THE CALL WENT DIFFERENTLY

### Thirty day review

At the end of the month, answer one question honestly: **how many hours did this actually give back, and what did you do with them?** If the answer is zero, the problem is almost always Step 4. Nobody sticks with output that does not sound like them.

PART FIVE

Reusable pages

Print these three as many times as you need.

NOTEBOOK LOG

So you know in six months what you already built and what is in it.

| NOTEBOOK NAME | PURPOSE | KEY SOURCES | BUILT | LAST USED |
|---------------|---------|-------------|-------|-----------|
|               |         |             |       |           |
|               |         |             |       |           |
|               |         |             |       |           |
|               |         |             |       |           |
|               |         |             |       |           |
|               |         |             |       |           |
|               |         |             |       |           |
|               |         |             |       |           |

PROMPT LIBRARY

When a question produces something genuinely useful, write it down here. This becomes the most valuable page in the workbook.

| THE QUESTION THAT WORKED | WHAT IT WAS GOOD FOR |
|--------------------------|----------------------|
|                          |                      |
|                          |                      |
|                          |                      |
|                          |                      |
|                          |                      |
|                          |                      |
|                          |                      |

**BEFORE YOU CLOSE THE NOTEBOOK**

Every session. Every time.

- ☐ Client identifying details removed from anything I uploaded
- ☐ Every number and medication reference verified against the source document
- ☐ Citations spot checked, not assumed
- ☐ My own clinical judgment added where the documents were silent
- ☐ Output reviewed and edited in my own voice before sending
- ☐ Configure Chat instruction saved to my reusable text file
- ☐ Notebook logged on the previous page

**A closing note**

None of this replaces the visit. The tool has not seen the bathroom, has not watched the client stand up from the recliner, and has not heard what the daughter said when she thought nobody was writing it down.

It is very good at organizing what you already know into something a family can act on. That is a real and useful thing, and it is **not the same as knowing**.

**NOTES AND QUESTIONS TO BRING TO THE NEXT SESSION**

---

**The Aging in Place Directory** · [aginginplacedirectory.com](https://aginginplacedirectory.com)

Companion workbook for the AI tools webinar series for professional members.

Current as of August 2026. Google changes this product frequently, so verify menu locations against what is on your screen.

© 2026 Couch Cats, LLC. For member use. Do not redistribute.