

COMPANION CHECKLIST

Setting Up Gemini Notebook for Client Work

A working checklist for aging in place professionals

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: discharge summaries, home assessments, care plans, and equipment documentation that you need to turn into something a family can actually use.

Work through this once for your first client notebook. After that, steps 4 and 5 take about ninety seconds.

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'll recognize it in six months.** Client initials 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.

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, MRNs, 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 names 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.

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, not a blanket assurance about uploaded source documents. Read the current terms for the account tier you are on — consumer, Workspace, and Education accounts are not governed identically.

3 **QUALITY IN, QUALITY OUT** Load your sources

- ☐ **Upload the primary clinical document first.** Discharge summary, evaluation, or assessment report.
- ☐ **Add supporting documents that describe 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 can't find it, the upload failed.

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 — 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 changed.
- ☐ **Keep your instruction in a text file** so you can paste it into every new notebook.

STARTER INSTRUCTION — ADAPT, DON'T 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 last sentence of paragraph three matters.

"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 just 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.

5

THE DIFFERENCE IS SPECIFICITY

Ask better questions

- ☐ **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.

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. It misreads tables, collapses nuance, and states cautious findings as settled ones. 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.

7 **DELIVERABLES, NOT DEMOS** Turn it into something usable

- ☐ **Chat answers** — fastest path. Copy, edit, send.
- ☐ **Audio Overview** — a two-host discussion of your documents. Generates in 50+ languages, which matters when the household language is not English.
- ☐ **Video Overview, Infographic, Slide Deck** — useful for family education and in-service training.
- ☐ **Flashcards and Quizzes** — share by link only, no file download.
- ☐ **Download the audio** from the three-dot menu next to the player. It saves as .wav.
- ☐ **Know the limits before you promise anything.** There is no whole-notebook export, and slide exports may render as images rather than editable text.

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

You can interrupt an Audio Overview and ask the hosts a question aloud. 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. It is a comprehension aid for you — not something you can hand to a family.

WORKSPACE

Build your own Configure Chat instruction

Write it once. Paste it into every notebook you build from here forward.

WHO SHOULD IT BE? (DISCIPLINE, YEARS OF EXPERIENCE, SETTING)

WHO IS READING THE ANSWER? (FAMILY, CLIENT, CONTRACTOR, REFERRAL SOURCE)

WHAT READING LEVEL AND TONE?

WHAT MUST IT ALWAYS LEAD WITH?

WHAT SHOULD IT DO WHEN THE SOURCES DON'T COVER SOMETHING?

WHAT MUST IT NEVER DO?

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

**EVERY SESSION****Before you close the notebook**

- ☐ 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

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.

The Aging in Place Directory · aginginplacedirectory.com

Companion checklist 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.