

# LONG TERM CARE HEALTH QUESTIONNAIRE

The underwriting of long term care insurance (LTCI) is based on an individual's physical and cognitive health. Each insurance company has different "health standards" or "underwriting guidelines" which affects the price of an LTC policy. The following health questions enable us to make appropriate risk classification, policy design and insurer recommendations.

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## 1. BASIC INFORMATION AND PRESCRIPTION MEDICATIONS

**Applicant 1:** \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_ lbs

Date of last doctor's visit \_\_\_\_\_ / \_\_\_ / \_\_\_\_\_ Reason: \_\_\_\_\_

Prescription	Dosage	Medical Condition

**Applicant 2:** \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_ lbs

Date of last doctor's visit \_\_\_\_\_ / \_\_\_ / \_\_\_\_\_ Reason: \_\_\_\_\_

Prescription	Dosage	Medical Condition

## 2. HEALTH HISTORY – CHECK ALL THAT APPLY (give details on back)

**Applicant**

1	<input type="checkbox"/>	2	<input type="checkbox"/>	Used tobacco in the past 12 months?
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Been hospitalized in the past 10 years? If yes, why?
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Had any type of cancer? If yes, why? when? type of treatment?
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Had any type of stroke or mini-stroke? If yes, why? when? any residual effects?
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Had any major injuries, falls or broken bones in the past 5 years? If yes, please give details
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Have any memory or cognitive problems?
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Have any form of diabetes? If yes, date of onset, type and treatment?
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Have any other chronic illnesses? (i.e. heart disease, arthritis, sleep apnea, hypertension)
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Have any pending or recommended surgeries or currently in physical therapy?
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Been previously declined for long term care insurance?

Privacy Statement: The health questions help us learn about your unique health history which enables us to make appropriate policy recommendations. All information is kept strictly confidential and will not be shared with anyone else. The only party with whom we will share your health information will be the insurance company(s) with whom you choose to make a request for long term care insurance proposals and coverage.