



Long Term Care Insurance Pre-Qualification Questionnaire

Agent Name _____ Telephone Number _____

Agent Email Address _____

Client Name _____ Gender _____ Date of Birth _____

1. Please list all prescription medications that you are currently taking, with the dosage and frequency taken, and why and when first prescribed.

2. Please advise the last visit to your doctor and the reason for the visit. When did you last have a physical exam? What was that outcome?

3. Please advise of any surgeries and the reason and the dates. Are there any surgeries that have been recommended and not yet completed?

4. Have you been hospitalized in the past 5 years? If so, please advise the reason(s) and the date(s) and indicate the last treatment as a result of that hospitalization.

5. Do you use a cane, walker or wheelchair? If so, please indicate the device used and the frequency.

6. Have you used tobacco products in the past 5 years? Please advise the type and how often use(d). If you used tobacco products previously and have quit, please advise the date you last used.

7. Please advise your height and weight. Has there been weight loss over the past year? Please advise how much and the reason for the weight loss.

8. Have you ever been diagnosed with cancer? Please indicate the type; the stage or grade of the tumor and the type of treatment and the date of that last treatment. If you have a copy of the pathology report and would like to include that information, it may be helpful.

9. Please indicate any of the following conditions that you may have experienced or been diagnosed as having: indicate specific diagnosis and date if available and if applies, frequency of occurrence:

- Memory loss or cognitive deficiency
- Heart Disease
- Diabetes (Including neuropathy or retinopathy) (indicate Type1 or 2)
- Osteoporosis
- Fractures
- Arthritis (indicate type)
- Stroke or TIA (Transient Ischemic Attack)
- Muscular.Skeletal Medical Problems
- Dizziness
- Falls or Imbalance

10. Please list any other medical conditions or concerns:

Thank you for your time. Your answers to these questions will help to provide the necessary tools needed to determine the most suitable and available carries for your Long-Term Care needs. Actual insurability will be based on a review of all underwriting requirements provided during the application process