Health Questionnaire

Name	Height	Weight	Phone (home, work, or cell)
Primary (PR)			
Spouse (SP)			

Does Long Term Care Insurance make sense for you? Please rank the top 3 statements in order of importance (i.e. 1 most important, 2 next important). I would like to . . .

	PR	SP		PR	SP
Protect my family from the burden of caregiving			Maintain my dignity		
Know someone will be there to care for me			Plan for the unexpected		
Stay in my own home			Stay in control, independent, have choices		
Protect my life savings/preserve inheritance			Receive quality care		

If you know someone who has received long-term care, briefly describe your experience.

_____

_____

List all medications you are currently taking.

PR	SP	Medication	Dosage & Frequency	How long?	Reason Prescribed/By Whom
❒	❒				
❒	❒				
❒	❒				
❒	❒				
❒	❒				
❒	❒				

Primary care doctor name	PR_____	SP _____
Doctor address		
City, State, Zip		
Doctor telephone		
Date last seen: month/year		

Please check the box for each question that applies to each individual.		PR	SP
1	In the **past 12 months**, have you had an application rejected for long term care, nursing home care, or other health insurance?	❒	❒
2	Within the past **5 years (10 for cancer)**, have you received any medical advice, examination, or treatment from a health care professional; taken any medication; or been medically diagnosed for:	❒	❒
a	Cardiovascular or circulatory disorder including congestive heart failure (CHF), peripheral vascular disease, heart attack, chest pain, angina, high blood pressure or irregular heart beat	❒	❒
b	Cancer or non-cancerous tumors	❒	❒
c	Hodgkin's Disease, Lymphoma, Leukemia, other blood disorder	❒	❒
d	Skin ulcers	❒	❒
e	Non-insulin dependent diabetes	❒	❒
f	Insulin dependent diabetes # of units per day ____	❒	❒
g	Hepatitis	❒	❒
h	Asthma, chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, shortness of breath	❒	❒
i	Brain disorder, convulsions, epilepsy or seizures, dizziness or balance problems, fainting spells or black outs	❒	❒
j	Depression, anxiety, mental, emotional or nervous disorder, or confusion, or memory loss	❒	❒
k	Tremors	❒	❒

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Health Questionnaire

Please check the box for each question that applies to each individual.		PR	SP
l	Visual disturbances	❒	❒
m	Amputation	❒	❒
n	Disabling back or spine injury	❒	❒
o	Fracture	❒	❒
p	Osteoarthritis	❒	❒
q	Osteoporosis	❒	❒
r	Paralysis, weakness or numbness of the extremities	❒	❒
s	Replacement of the hip, knee or other joint	❒	❒
t	Rheumatoid arthritis, Lupus, Scleroderma or other connective tissue disease	❒	❒
u	Other conditions causing crippling or limited motion or requiring use of an adaptive device, chronic pain or fatigue, or Fibromyalgia	❒	❒

3 Within the **past 3 years**, have you been medically advised to enter or been confined to a hospital or other health care facility? ❒ ❒

4 Within the **past 3 years**, have you:

	been confined to a nursing home, assisted living facility, or long term care facility?	❒	❒
	been medically advised to have surgery which has not been performed?	❒	❒
	received home health care?	❒	❒
	used adult day care?	❒	❒
	NONE	❒	❒

5 Within the **past 5 years**, have you been advised to limit, reduce, discontinue or seek counseling for the use of alcohol or drugs? ❒ ❒

6 Within the **past 5 years**, have you received any medical advice, examination or treatment from a health care professional for any reason not previously stated? ❒ ❒

State law requires that certain financial information be considered to determine if a policy is right for you.

What is your annual income?

❒ Under $20,000 ❒ $20,000-$30,000 ❒ $30,000-$50,000 ❒ Over $50,000

Not counting your home, what is the estimated value of your assets (savings and investments)?

❒ Under $20,000 ❒ $20,000-$30,000 ❒ $30,000-$50,000 ❒ Over $50,000

To find out if long term care insurance is right for you complete this form and mail it to

Long Term Care Advisors
13866 S. Gallery Street
Olathe, KS 66062

If you prefer, you may complete it, scan it, and email it to info@ltcexpert.net.

Call us with your questions. - (913)-829-7555

This information to be used for the sole purpose of identifying long-term care insurance options.