

*If you decide that long term care insurance is right for you, here is some information that will be needed to complete an application.*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

DOB: \_\_\_\_\_

**Your primary care physician:**

Primary Care Physician & Specialty \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Last Seen: \_\_\_\_\_ Reason: \_\_\_\_\_

**Other licensed health care providers (except eye doctors, podiatrists and dentists) seen in the last 3 years: (continue on back if needed)**

Provider & Specialty \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Last Seen: \_\_\_\_\_ Reason: \_\_\_\_\_

**Hospitalizations in the last 10 years: If needed, continue on back**

Reason	Dates	Hospital

**Prescription medications in the last 3 years, indicating current medications and the reason needed. Continue on back if needed**

Prescriptions	Dosage	Reason

Have you ever been treated for high blood pressure, any type of cancer or depression or osteoporosis?  no  yes If yes, list \_\_\_\_\_

Have you used tobacco in the last 5 years?  no  yes

Height: \_\_\_\_\_ Weight: \_\_\_\_\_.

Name, address and phone of a person who would always know how to reach you (if, for example, you moved)