



THE THOMPSON AGENCY

Life | Long Term Care | Disability | Annuity
BROKERAGE SERVICE - Making "Life" Easier

Long Term Care, Underwriting Prescreen Form

Date of Birth _____

Gender Male ___ Female ___

Height _____

Weight _____

Tobacco products used in the last 36 months? Yes No

Currently receiving disability benefits or have you previously been declined for LTC insurance?

Yes No

Check all activities you need assistance with:	
Personal hygiene – bathing, grooming and oral care	
Dressing – the ability to make appropriate clothing decisions and physically dress oneself	
Eating – the ability to feed oneself though not necessarily to prepare food	
Toileting – getting to and from toilet, getting on and off toilet, and performing associated personal hygiene	
Continence – maintaining control of bowel and bladder function	
Transferring – moving oneself from seated to standing and get in and out of bed	

Within the last 5 years, has the applicant received medical advice, a diagnosis, treatment or consulted with a member of the medical profession for any of the following conditions?: (Check all that apply)

CONDITION	
Heart Disease/High Blood Pressure	
Carotid Artery/Peripheral Vascular Disease	
TIA/Stroke/CVA	
Blood Clots/Embolism/Aneurism	
Cognitive Impairment/Alzheimer's Disease/Dementia	
Memory Loss or Forgetfulness	
Diabetes/Pre-Diabetes	
Depression/Anxiety/Bipolar Disorder	
Chronic Fatigue Syndrome/Fibromyalgia	
Kidney Disease	

CONDITION	
Crohn's Disease/Ulcerative Colitis/Gastric Bypass	
Liver Disorders/Hepatitis/Cirrhosis	
Back Disorders/Degenerative Disc Disease/Spinal Stenosis	
Osteoarthritis/Rheumatoid Arthritis	
Asthma/Chronic Obstructive Pulmonary Disease	
Osteoporosis/Fractures/Osteopenia	
Seizures/Neuropathy/Tremor	
Substance Abuse/Alcoholism	
Cancer/Leukemia/Lymphoma/Sarcoma	
Visual Impairment/Vision Loss	



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If any questions or conditions from previous page are answered "YES", please list the date of the diagnosis, the state of the condition, and the treatment received:

In the past 5 years, has the applicant received medical advice, a diagnosis, treatment or consulted with a member of the medical profession for any reason not stated? If yes, please provide details.

List all prescription medication taken over the past 12 months along with reason taken and the date you began taking the medication:

Rx Name	Dosage	Reason for taking	How long have you been taking the Rx

Do you any upcoming scheduled doctor's appointments or medical testing? Have you had any procedures or follow-up visits recommended by your doctor but not yet completed?

Email or Fax Completed Underwriting Prescreen Form to The Thompson Agency

www.thompsonagency.net | pzinnen@thompsonagency.net | Phone: 800.842.8289 | Fax: 860.693.4547