LTC Medical Questionnaire

In order to provide you with the most accurate rates, please complete the form below and return via email to (info@MyersYoungerLTC.com) or by fax at (832) 767-0695. If you prefer discussing your individual situation over the phone, please contact us at (713) 661-7118, or toll free (877) 892-3636

Applicant: _____ M/F Date of Birth: _____ Ht & Weight: _____ Smoke? Y/N
Spouse: _____ M/F Date of Birth: _____ Ht & Weight: _____ Smoke? Y/N
Zip Code: _____

Use of cane, crutches, walker, wheelchair, scooter, stairlift, oxygen, dialysis in last 6 months? Yes ____ No ____
Currently receiving disability benefits? Yes _____ No _____
Previously declined for LTC insurance? Yes _____ No _____

Within the last 5 years, have you received medical advice, diagnosis, treatment or consulted with a member of the medical profession for any of the following conditions?

CONDITION	YES	NO
Heart Disease/High Blood Pressure		
Carotid Artery or Peripheral Vascular Disease		
Stroke/CVA or Transient Ischemic Attack (TIA)		
Blood Clots/Embolism/Aneurysm		
Cognitive Impairment/Alzheimer's Disease		
Dementia/Memory Loss or Forgetfulness		
Diabetes (include date and A1C reading below)		
Depression/Anxiety/Bipolar Disorder		
Chronic Fatigue Syndrome/Fibromyalgia		
Kidney Disease		
Steroid/Cortizone Shot (within 12 months)		

CONDITION	YES	NO
Crohn's Disease/Ulcerative Colitis/Gastric Bypass		
Liver Disorders/Hepatitis/Cirrhosis		
Back Disorders/Degerative Disc/Spinal Stenosis		
Osteoarthritis/Rheumatoid Arthritis		
Asthma/COPD		
Osteoporosis/Fractures		
Seizures/Neuropathy/Tremor		
Sleep Apnea/CPAP/BiPap Used Regularly?		
Cancer/Leukemia/Lymphoma/Sarcoma		
Physical (or other) Therapy		
Visual Impairment/Vision Loss		

If any questions or conditions are answered "YES", please provide details including when diagnosed:

In the past 5 years, has the applicant received medical advice, 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 (and dosage) taken over the past 12 months and the reason prescribed:

Any new prescriptions, or changes to current prescriptions, in the last 6 months? For what reason?

This questionnaire will only be used to generate a long-term care proposal based on the health information provided. Each carrier makes their own final determination of eligibility after the underwriting process has been completed.