

# Long Term Care Insurance Medical History Form



Please print legibly. If husband and wife are both applying, please complete a form for each client.  
Should you need to provide more detail on any medical condition, please attach additional sheets.

## Agent Information

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Client Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Resident State: \_\_\_\_\_ Martial Status: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_  Male  Female

Smoker:  Yes  No If client has quit, how long has it been: \_\_\_\_\_

## Medical Conditions Treated in Past 10 Years

Medical Condition: \_\_\_\_\_ Date of Onset: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Condition: \_\_\_\_\_ Date of Onset: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Condition: \_\_\_\_\_ Date of Onset: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Condition: \_\_\_\_\_ Date of Onset: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Condition: \_\_\_\_\_ Date of Onset: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Medications Currently Taken

Medication: \_\_\_\_\_ Taken for: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times/Day: \_\_\_\_\_

Medication: \_\_\_\_\_ Taken for: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times/Day: \_\_\_\_\_

Medication: \_\_\_\_\_ Taken for: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times/Day: \_\_\_\_\_

Medication: \_\_\_\_\_ Taken for: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times/Day: \_\_\_\_\_

Medication: \_\_\_\_\_ Taken for: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times/Day: \_\_\_\_\_

Medication: \_\_\_\_\_ Taken for: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times/Day: \_\_\_\_\_

## Hospitalizations in the Past 10 Years

Date of Hospitalization: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for Hospitalization: \_\_\_\_\_

Result: \_\_\_\_\_

Date of Hospitalization: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for Hospitalization: \_\_\_\_\_

Result: \_\_\_\_\_

Date of Hospitalization: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for Hospitalization: \_\_\_\_\_

Result: \_\_\_\_\_

Special Notes: \_\_\_\_\_

\_\_\_\_\_