Gordon ASSOCIATES
Long Term Care Planning Experts

Long Term Care Insurance Eligibility Worksheet

Please return completed form via fax to (847) 940-8870
or via email to stephanie@galtci.com

Please tab through and enter or select the information.

Name: Date of Birth:

Address:

Phone: Email:

Referral Source:

1) Please provide your height: weight:
2) Gender at birth? Gender today
3) Marital Status: ☐ Single ☐ Married ☐ Domestic Partner
4) Have you used Tobacco within the last 3 years? ☐ Yes ☐ No
   If yes, please provide a quit date:
5) Have you used Marijuana in the last 3 years? ☐ Yes ☐ No
   If yes, please provide frequency:
   If yes, how is it consumed:
6) Do you consume Alcoholic Beverages? ☐ Yes ☐ No
   If yes, please provide frequency:
7) Please provide the approximate date of your last physical (this should include blood work):
8) List of all Medications, including name, dosage, frequency, and reason taken:

Name	Dosage	Frequency	Reason

8) Have you ever been diagnosed with Cancer, Stroke, Heart Disease or other Chronic Illness? ☐ Yes ☐ No
   If yes, please provide name of condition(s), approximate date of diagnosis, and treatment type with approximate dates in the following space:
9) Have you been hospitalized in the last 10 years? ☐ Yes ☐ No
   If yes, please provide approximate date(s), reason/diagnosis, and treatment type with approximate dates in the following space:
10) Have you had any injuries, falls or broken bones in the last 5 years? ☐ Yes ☐ No
    If yes, please provide approximate date(s), reason/diagnosis, and treatment type with approximate dates in the following space:

11) Has a close family member been diagnosed with a Cognitive Impairment? ☐ Yes ☐ No
If yes, please select and provide the approximate age at diagnosis:
☐ Mother @ Age: | ☐ Father @ Age: | ☐ Sibling @ Age:

12) Do you have Diabetes? ☐ Yes ☐ No If yes, which type:
Please provide approximate date of diagnosis: and most current A1C:
Do you use insulin? ☐ Yes ☐ No

13) Have you been diagnosed with Sleep Apnea? ☐ Yes ☐ No
If yes, please provide approximate date of diagnosis: and device used to control apnea:

14) Do you have any pending or recommended surgeries or procedures? ☐ Yes ☐ No
If yes, please provide details:

15) Have you had any Physical Therapy in the last 5 years? ☐ Yes ☐ No
If yes, please provide the reason for treatment: and approximate date you completed PT:

16) Are you on Social Security Disability or any type of Disability? ☐ Yes ☐ No

17) Do you need assistance with Dressing, Bathing, Transferring, Continence, Eating or Toileting? ☐ Yes ☐ No

18) Have you ever been diagnosed or received medical advice/care for the following? Check all that apply:

☐ AIDS	☐ Cirrhosis	☐ Kidney Failure/Dialysis	☐ Oxygen Use
☐ Alcoholism	☐ Connective Tissue Disease	☐ Macular Degeneration (wet)	☐ Paralysis
☐ ALS/Lou Gehrig's	☐ Down Syndrome	☐ Memory Loss	☐ Parkinson's Disease
☐ Alzheimer's/Dementia	☐ Drug Addiction	☐ Multiple Myeloma	☐ Pregnancy (current)
☐ Balance Disorder	☐ HIV	☐ Multiple Sclerosis	☐ Psychosis
☐ Cerebral Palsy	☐ Huntington's Disease	☐ Organ Transplant	☐ Scleroderma
☐ Chronic Hepatitis	☐ Hydrocephalus	☐ Osteoporosis with Fractures	☐ Systemic Lupus

19) Have you ever been declined Long Term Care Insurance? ☐ Yes ☐ No
If yes, please provide the name of carrier that declined you: approximate date:
and reason for decline:

20) Do you have a handicap placard or use a wheelchair, walker, or cane? ☐ Yes ☐ No

21) Did you have a positive test result for COVID-19? ☐ Yes ☐ No
If yes, please provide date of diagnosis: and details on treatment and recovery:

What are your biggest concerns/goals?
☐ Asset preservation
☐ Don't want to burden my family
☐ I want to be able to choose the type of care I receive
☐ I want to make sure I'm taken care of in my later years
☐ Protect retirement funds
☐ I'm worried the cost of care is more than I've put aside
☐ Other (please specify):

Sharing details up front helps determine if you are eligible for LTCI, therefore allowing us to provide accurate quotes. Please provide details on any health history items not listed above, using a supplemental page if needed.