



Please send completed form to:  
dwinterstine@bsibroker.com or fax: 301-355-0429

## Long Term Care Inquiry

<b>Basic Information</b>	Agent:	Date:	
Name:			
State:	Male / Female	DOB/Age:	Marital Status:
Ht/Wt:	In the past 12 months, have you used cigarettes, cigars, pipes, chewing tobacco, e-cigarettes, vaping or marijuana?		

### Health Information

List Medical History for the Last 10 Years

Conditions:	Date of Onset:	Details

Have you been treated for diabetes or elevated blood sugar? If yes, please provide the following:

Medications taken:	If taking insulin, # of Units Taken:	Current A1C:

### Prescription Medications Used within the last 12 months      Any recent changes? When?

Medications Taken	Dosage	Reason for Taking

### Hospitalization

Have you been hospitalized in the last 10 years? Please include reasons and any residual conditions.

Date	Details

Additional Details: