

Cancer <i>Also see Breast, Prostate and Colon below</i>	Age at Diagnosis	Type	Stage	Type of Treatment and Date of Last Treatment	Any recurrence?
Breast Cancer	Age at Diagnosis	Size of Tumor	Stage	Lymph Node Involvement?	Type of Treatment
Prostate Cancer	Age at Diagnosis and Pre-treatment PSA	Gleason Score	Stage	Type of Treatment	Post-treatment PSA
Colon Cancer	Age at Diagnosis	Duke Staging	Lymph Node Involvement?	Type of Treatment	
Diabetes	Age at Diagnosis Type I or II	Fasting Blood Glucose	Blood HgA1C	Any complications with neuropathy, retinopathy, nephropathy?	Type of Treatment
Coronary heart disease	Age at Diagnosis	Bypass surgery? If yes, how many vessels?	Angioplasty with or without stent?	Heart attack?	Last Stress Test Results
Stroke or TIA	Date of Occurrence	How many episodes?	Any ongoing limitations?	Type of Treatment	Fully recovered, released from Dr's care? When?
Depression or Mental Disorder	Age at Diagnosis	Any related Emergency Room visits?	If ER visit, when and how many?	Was hospitalization required?	How many hospital stays? When?

CLIENT OR AGENT'S PREFERENCE FOR BENEFITS:

LTC Insurance Benefits quotations for Comprehensive Plan ____ OR Facility Only ____
Daily or Monthly Benefit \$ _____ # Yrs _____ Elimination Period # of days _____
Inflation COLA _____ Other Rider(s) _____
Asset-Based plan – sum to reposition \$ _____ Qualified or Non-Qualified? _____

CONFIDENTIAL FINANCIAL DATA (FOR SUITABILITY)	*** MUST HAVE TOTAL INCOME & TOTAL ASSETS***
ANNUAL INCOME: \$ _____ ***	Approx Residence Value: \$ _____
Approx Savings: \$ _____	Total Net Worth \$ _____ ***