



Pre-Qualifying Client Data Summary Sheet
 Please complete all fields and return to Melissa Barnickel by
 replying to secure email from Melissa.Barnickel@pm.me
 when complete. Call Melissa prior to emailing form.

Client Name: _____ DOB: _____ Gender: _____ Producer Name: _____

1. Have you ever used tobacco? _____ If yes, what type and when was the last use? _____
2. What is your current height? _____ Weight? _____ Has that changed in the last 6-months (if yes, why)? _____
3. Has a parent or sibling ever been diagnosed with dementia/cognitive problem/Alzheimer's? If yes, who and at what age were they diagnosed? _____
4. When was your last head-to-toe physical? _____ Last complete blood work? _____
5. What are your current medical conditions/diagnoses that you have received treatment or counsel for in the past 10-years?

| Diagnosis | When | How Treated |
|-----------|------|-------------|
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6. Have any of your treatments changed in the past year? If yes, please provide details.

7. In the past 12 months, have you received Physical Therapy? If yes, for what reason and what were the dates of treatment?

8. Please provide all prescribed medications:

| Medication Name | Dosage | When dosage began | Related Diagnosis |
|-----------------|--------|-------------------|-------------------|
| | | | |
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9. Any hospitalizations in the past 5-years? If yes, please provide reason and dates.

10. Have you had any functional limitations or do you need to use any assistive devices currently or in the past 3-years?

11. Have you received disability in the last 10-years? If so, what type (private, SSDI, VA, etc.) and when?

12. Have you ever been rated, postponed, or declined for insurance coverage previously? If yes, when, with what carrier and reason? _____
13. Do you have any current tests, follow-ups, recommended procedures/treatments outstanding? If yes, please provide details.

If you have or have had any of the following conditions please click on the condition to be taken to additional questions:
[Bone & Joint Diseases](#) [Cancer](#) [Circulatory/Heart/Vascular Diseases](#) [Diabetes](#)
[Mental Health Disorders](#) [Respiratory Diseases](#) [Stroke/CVA/TIA](#)

Disclaimer: Pre-Qualification is not a guarantee of coverage. It is simply providing the above disclosed information to carriers anonymously to determine who will consider an application for full underwriting.