

Longevity Health Planning HEALTH ASSESSMENT

Applicant 1 _____ DOB _____ Tobacco (Y/N) _____
Height _____ Weight _____

Applicant 2 _____ DOB _____ Tobacco (Y/N) _____
Height _____ Weight _____

Has either applicant ever been diagnosed, treated for or sought advice for:
(Circle "yes" answers and indicate which applicant)

- | | | |
|---------------------------|---------------------|----------------------------|
| Alzheimer's Disease | Huntington's Chorea | Parkinson's Disease |
| Dementia | Chronic Hepatitis | Systemic Lupus |
| Memory Loss | Cirrhosis | Multiple Sclerosis |
| Cognitive Impairment | Hydrocephalus | Muscular Dystrophy |
| Organic Brain Syndrome | Multiple Myeloma | Myasenthis Gravis |
| Schizophrenia | Psychosis | Scleroderma |
| Mental Retardation | Organ Transplant | Paralysis |
| Connective Tissue Disease | (ALS) | Kidney Disease or Dialysis |

Has either applicant ever been diagnosed, treated for or sought advice for:
(Circle "yes" answers and indicate which applicant)

Leukemia, Lymphoma, Hodgkins or non-Hodgkins Lymphoma, sarcoma, Myelodysplastic Syndrome or any other type of cancer (except skin) any any tumor of the brain?

Disease of the heart or heart valves, heart attack, chest pain, coronary bypass, angioplasty, stent placement, angina, heart arrhythmia requiring treatment, cardiomyopathy, abnormal heart test, high blood pressure with 3 or more medications, TIA, brain hemorrhage, carotid or peripheral artery disease, unoperated aneurysm or diabetes treated with insulin or diagnosed prior to age 50?

Is either applicant:
(Circle "yes" answers and indicate which applicant)

Living in a nursing home facility or assisted living facility or receiving home care or similar type benefits

Physically unable to perform routine activities such as bathing, dressing, eating, toileting or transferring from a bed or chair or using a handicapped placard or sticker.

Medications:

Customize your own plan: Monthly budget \$ _____