

# Traditional LTC & CareForward Prescreen Form

**Traditional LTC Prescreen** - Send to [thrivent.ltc.underwriting@ltcg.com](mailto:thrivent.ltc.underwriting@ltcg.com)  
**CareForward Prescreen** - Send to [BoxCareForwardPrescreen@thrivent.com](mailto:BoxCareForwardPrescreen@thrivent.com)

This form is for internal use only & must be sent securely from a Thrivent email. Sending this form from an unsecured email can be a violation of HIPAA.

<b>Financial Advisor Name:</b>				
<b>BASIC CLIENT INFORMATION</b> - This form is designed for only one individual.				
<b>First Name</b>	<b>Last Name Initial Only</b>	<b>Sex</b>	<b>Age</b>	<b>Resident State</b> <b>Exact Height:</b> <b>Exact Weight:</b>
<b>Had a weight loss of 10 pounds or more in the past 12 months?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide reason for weight loss and number of pounds.		<b>Any tobacco or nicotine use in the past 5 years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide product type and date of last use.		
<b>Medications - List ALL medications taken or prescribed within the last 12 months</b> (Explain why/when if your dosage was increased or decreased)				
Medication/Steroid	Reason for taking medication	Dosage/Frequency	Date Started	Date Ended
<b>HEALTH HISTORY</b> - Indicate any health condition you have been diagnosed with and details.				
<b>Diabetes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details below: A1C: Type: Diagnosis Date: Insulin Units:		<b>Arthritis</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details below: Type: Steroid Injections/Dates: Joints Affected: Diagnosis Date:		
<b>Cancer</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details below: Type: Stage: Treatment Type: Last date of Treatment: Lymph nodes affected:		<b>Heart Disease</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details below: Type: Bi-Pass or Stents: Diagnosis Date: History of stroke, TIA or COPD: Nebulizer or Oxygen Use:		
<b>Additional History</b> - List Additional Conditions and Details: (Depression, COPD, Blood Clot, Dizziness, etc.)				<b>Diagnosed Date:</b>
<b>Additional Health History</b> - If checked yes, please provide additional information regarding the condition.				
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Been referred by a medical professional to see a specialist for additional consultation or testing?</b> If yes, provide DATE, REASON, AND OUTCOME below.		<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Received any physical therapy in the last 12 months? (physical, occupational, psychological or speech)</b> If yes, provide TYPE, REASON, START AND END DATES below.		
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Have had surgery performed in the last five years?</b> If yes, TYPE, REASON, AND DATE of surgery below.		<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Currently receiving any disability income?</b> If yes, provide TYPE, PERCENTAGE, AND REASON below.		
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Have had two or more immediate family members diagnosed with dementia? If yes, provide details below.</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Been previously declined for LTC or Life Insurance?</b> If yes, provide DATE, PRODUCT, AND REASON for the decline below.		

If the proposed insured has any tests or surgery pending or not yet scheduled, do not submit until after completion and a diagnosis has been made and any follow up treatment determined. Do not include the name of the insured or copies of medical records or test results, or financial documentation. The underwriting opinion is not an offer to insure, it is a tentative opinion based on the information provided. Underwriting will make the final decision after receiving a complete application and all required medical, non-medical and financial information. Thrivent Financial reserves the right to request additional requirements based on the individual situation.

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