

ABOUT YOU: SS# _____ - _____ - _____ Name _____ Age _____ Date of Birth _____	YOUR SPOUSE: SS# _____ - _____ - _____ Name _____ Age _____ Date of Birth _____
Address _____ Phone _____ City _____ State _____ Zip _____	

Health Information

	YOU	YOUR SPOUSE
Height/Weight		
Do you require assistance or supervision with bathing, dressing, toileting, meal preparation, housekeeping, eating, managing medications or moving about?		
Have you used tobacco in the past 2 years?		

Have you been hospitalized in the past 5 years? If yes, please list conditions below.

YOU		YOUR SPOUSE	
Condition	Date	Condition	Date

Please list all medical conditions.

Condition	Date	Condition	Date

Please list the medications and dosages you are currently taking.

Medication/Dosage	Date	Medication/Dosage	Date

Financial Information

Estimated value of liquid assets (CD's Bonds, Stocks, Savings Accounts, Cash, etc.):
Estimated value of property assets (House, other Property/Land, Life Ins. Cash Value, etc.):
Estimated monthly income (Social Security, Pension, Interest & Dividends, etc.):