

Wisdom Investments, Inc.

Investments, Tax and Financial Consulting
Registered Investment Advisor



Health Questionnaire

Applicant A: _____

Applicant B: _____

DOB: _____ Height/Weight: _____

DOB: _____ Height/Weight: _____

Do you currently have a life insurance policy?

Yes No Coverage _____

Yes No Coverage _____

Do you currently have a long term care insurance policy?

Yes No Coverage _____

Yes No Coverage _____

Have you used tobacco within the past 3 years?

Yes No

Yes No

Is there a family history of Cognitive Impairment (i.e. Alzheimer's, dementia, etc.) or family history of longevity?

Yes No

Yes No

List medical conditions treated in the last 10 years and surgery/procedures in last 10 years.

Applicant A or B?	Medication/Dosage	Condition	Diagnosis and/or treatment dates	Comments

Comments: _____
