

# INDIVIDUAL DISABILITY PRESCREEN FORM

## Colorado Insurance Counselors, Inc.

5105 DTC Parkway, Suite 400 \* Greenwood Village CO 80111

Phone: 303.394.4000 \* Fax: 303.860.7855

*In order to properly evaluate your disability insurance needs and to recommend the most suitable strategy, we need to review essential information. This will also increase the accuracy of the quoting processing and provide the best outcome for you.*

<b>Please print clearly and return completed form to <a href="mailto:tim@cocounselors.com">tim@cocounselors.com</a></b>			
Last Name:		Date:	
First Name:		Middle Initial:	
Date of Birth:		Gender:	
Occupation:			
Gross Annual Income:	\$ _____	Bonus Income:	\$ _____
Do you have any other disability policies in force? If so, please provide:			
Insurance Carrier & Policy Number:			
Insurance Carrier & Policy Number:			
If you currently use tobacco in any form (cigarettes, cigars, chewing tobacco, etc.), please specify the form, the quantity used, the frequency used:			
If you no longer use tobacco in any form, when did you quit?			
Have you been treated for any of the following? (check all that apply and indicate initial treatment date)			
Alcohol/Drugs	Cancer	Heart Disorders	Diabetes
Hypertension	Depression	Lung Disorders	Sleep Apnea
Details of other known medical conditions (past 10 years):			
Height:		Weight:	
Current Cholesterol level: _____ Ratio: _____ HDL: _____ LDL: _____			
Current blood pressure: _____ / _____			
Any weight change (10+ pounds) in the last year? If so, how much? Reason?			
List current medication(s) including the dosage:			
Medication:	Dosage:	Medication:	Dosage:
Medication:	Dosage:	Medication:	Dosage:
Have you been involved in any of the following activities? (check all that apply)			
Foreign Travel-Countries & Dates		Scuba Diving-Depth & Date of Last Dive	
Aviation-Types		Racing-Cars/Boats/Motorcycles	
Sky Diving-Date of Last Dive		Criminal Background-Dates	
DUI/DWI-Dates		Other-Details	