

INDIVIDUAL LIFE 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 provide the most accurate proposals, additional information may be requested.

Please print clearly on both pages and return completed questionnaire to
tim@cocounselors.com

Last Name:		Date:	
First Name:		Middle Initial:	
Date of Birth:		Soc. Sec. #:	
Height:		Weight:	
Sex:		US Citizen?	
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, provide initial treatment date, complete the appropriate Detail form)			
Alcohol/Drugs	Cancer	Heart Disorders	Diabetes
Hypertension	Depression	Lung Disorders	Sleep Apnea
Other: (provide details)			
Details of other known medical conditions (past 10 years):			
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:
-------------	---------	-------------	---------

If you have deceased parents or siblings, indicate cause of and age at death:

<i>Relationship</i>	<i>Condition/Diagnosis & Age of Onset</i>	<i>Age at Death</i>

Please list all Physicians you have seen in the last five years:

Name & Phone:	City/State:
---------------	-------------

Date? Reason?

Name & Phone:	City/State:
---------------	-------------

Date? Reason?

Name & Phone:	City/State:
---------------	-------------

Date? Reason?

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

Have you applied elsewhere? If so, please provide:

<i>Carrier</i>	<i>Premium</i>	<i>Class</i>	<i>Decline/Why?</i>