

IFP Health Questionnaire

1. Are you currently covered? Yes _____ No _____
If you are covered, what copay and/or deductible do you have? _____

2. Primary reason you have no health insurance (if applicable)?
Affordability _____ Medical Condition _____ Between Jobs _____ Employer doesn't provide _____ Other _____

3. Do you have the option of Cobra through your ex-employer? _____

4. Is it possible for you to be added to a spouse or domestic partner's coverage? Yes ___ No ___

5. What kind of plan are you looking for? HMO, PPO, HSA _____

6. What do you currently pay in premiums? How much can you afford a month? _____

7. Please answer the following concerning your current health:
 - a. Any prescriptions? _____
 - i. For what? _____

 - b. Any counseling? _____
 - i. For what? _____

 - c. Any hospitalizations in the last 10 years? _____
 - i. For what? _____

 - d. Have you been denied coverage? _____

 - e. Are you pregnant or considering getting pregnant? _____

 - f. Any physical therapy? _____
 - i. For what? _____

 - g. Any back problems? _____

 - h. Any chiropractic visits? _____
 - i. For what? _____

 - i. Any physical therapy visits? _____
 - i. For what? _____

 - j. Any other conditions that may not have been covered above? _____