

Individual and Family Health Insurance Questionnaire

Thank you for allowing Minto & Wilkie to service your health insurance needs.

Please take a moment to complete this brief questionnaire so that we can better assist you.

Print name: _____ Date of Birth _____

Zip Code: _____ Marital Status: _____

Height: _____ Weight _____

Phone Number: (____) _____ - _____ Email Address: _____

Today's date: _____

1. In the past **ten years** have you had, or do you currently have any of the following?

Please mark each with a "yes" or "no". If "yes", please state the date(s):

Heart Disease: _____ Cancer: _____ Asthma: _____ High Blood Pressure: _____
Diabetes: _____ HIV/AIDS: _____ Hepatitis: _____ Stroke: _____
Mental Health Treatment: _____ Alcoholism/Drug Dependency: _____ Nicotine Dependency: _____
Chiropractic Treatment: _____ Other: _____

2. Have you been hospitalized in the past ten years? If so, please note the reason:
3. Are you currently taking any medication? If so, please clearly write in the name of the med(s) and dosage(s):
4. Have you ever been denied coverage for health insurance? If so, what was the reason?
5. Do you currently have health insurance? If not, when did you last have health insurance?
6. Are you currently seeing a Mental Health Professional? If so, for how long?
7. If you are married and self employed, do you file taxes jointly with a Schedule "C"?
8. Thanks so much for your time; how did you hear about Minto & Wilkie?
9. Do you have any other insurance needs at this time?

An account executive from our Health Insurance department will be in touch with you within the next 48 hours. Please note if you would prefer to be contacted by phone or email.