

**SPECIAL APPLICANT QUESTIONNAIRE
(AGE 70 AND OVER)**

1. **Applicant's Name** _____

2. Sex Male Female Date of birth _____

3. Describe your client's current marital status:
 Married Widowed (date of spouse's death) _____
 Single Divorced

4. Describe your client's current living arrangement? (check all that apply)
 Live alone Live with spouse
 Live with other family members Live in a retirement community or
facility
 Confined to full care facility

5. What type of regular exercise does your client get, if any?
(Walking, tennis, gardening, etc.)

6. What is your clients height? _____ Weight? _____

7. Has your client's weight changed by 10 pounds or more in the past 12 months?
 yes, please explain _____
 no

8. How often does your client see a regular physician? _____
Does your client see other doctors? yes no
When did your client last have a complete medical examination? Date? _____

9. Has your client been hospitalized in the past 5 years?
 yes, please provide dates and reasons for hospitalization _____

 no

