

## Who We Are

We bring a life-time of professional and personal experiences across many industries and relationship situations to each client conversation, review and recommendation.

Legato helps people insure, invest and create their best legacy.

## Contact Us

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# Legato

## Health & Lifestyle



**Smooth Legacy Transitions**

# Health & Lifestyle

## Known Conditions

Have you ever been treated for or had any known indication of:

- Conditions affecting your **heart or blood vessels** (excluding high blood pressure), such as heart disease, heart attack, chest pain, transient ischemic attack (TIA), stroke, aneurysm, heart murmur, abnormal ECG or abnormal cardiac tests, irregular heartbeat, peripheral vascular disease (narrowed or blocked blood vessels of the heart or limbs, or blood clots)
- Conditions affecting your **brain or nervous system**, such as epilepsy, seizures, multiple sclerosis, ALS, Alzheimer's, optic neuritis, muscular dystrophy, motor neuron disease, memory loss, dementia, tremor, Parkinson's, paralysis, numbness, or head injuries
- Conditions affecting your **immune system** such as HIV or AIDS
- Conditions affecting your **lungs** such as TB, emphysema, COPD, sleep apnea, shortness of breath, or asthma (excluding childhood asthma or non-smokers with mild/seasonal asthma)
- Conditions affecting your **liver** such as cirrhosis or testing positive for hepatitis B or C
- Conditions affecting your **kidneys** such as kidney cysts, blood or protein in the urine, bladder (excluding resolved bladder infections), pancreas, esophagus, intestines or colon such as colon polyps, rectal bleeding, Crohn's disease or ulcerative colitis
- Conditions affecting your **blood** such as anemia or hemophilia
  - Lupus, rheumatoid or psoriatic arthritis, ankylosing spondylitis, or any **bone, muscle or joint condition** which requires daily or weekly or occasional prescription medication or treatment with injections
  - **Diabetes**, gestational diabetes, abnormal blood sugar or sugar in the urine
  - Any form of **cancer** (excluding a single occurrence of basal cell carcinoma), **leukemia, lymphoma, tumour** (benign or malignant), **dysplastic nevi** or any **moles for which monitoring has been suggested?**

Have you ever been treated for or had any known indication of:

- Major depression, bipolar disorder, self-harm or schizophrenia
- Any mental health condition, including stress or anxiety, which have required hospitalization or time off work/school anytime in the past
- Any treatment with medication in the past 2 years for anxiety/depression/stress

Have you ever been advised that you should be treated for, or that you had any of the following:

- High blood pressure
- Elevated cholesterol
- None of these apply

In the **past five (5) years**, have you:

- Had any biopsies, CT scans, MRIs, ultrasounds (excluding pregnancies), endoscopies or other non-routine tests?
- Had any tests done (routine or non-routine) where you were told the results were abnormal or further follow-up or investigation was suggested?

Have any of your immediate biological family members (mother, father, brothers, sisters) been diagnosed with heart disease or stroke (before they were 65), cancer (before they were 65), polycystic kidney disease, Huntington's chorea or cardiomyopathy (abnormally enlarged heart or weakened heart muscle)?

# Drugs & Alcohol

## Usage & Treatment

Which of the following describes your use of any tobacco, nicotine or cannabis products in the **past 5 years**?

- I am not currently using any of these products, but have used them within the past 5 years
- I occasionally use these products (monthly or less)
- I use these products daily or weekly
- I have not used any tobacco, nicotine, or cannabis products

On average, how many alcoholic drinks do you consume **weekly**?  
Number: \_\_\_\_\_

In the **past 10 years**, have you used any drugs or narcotics (**other than cannabis**) that were not prescribed to you?

Have you ever been treated for or had any known indication of alcohol or drug abuse including being advised to stop or reduce your consumption?

In the **past 10 years**, have you been charged (including any pending charges) or convicted of a criminal offense in or outside Canada, impaired driving or refusing to provide a breath or blood sample, or are there any such charges pending?

- Impaired driving or refusal to provide a breath or blood sample
- Any criminal offence in or outside of Canada
- None of these apply

# Employment

## Current Work:

Do you have a full-time job (employment) now?

Have you had **more than two weeks** off work or school in the past 24 months for health reasons?

*Except for pregnancy or injury to a muscle or which you have fully recovered?*

Within the past 12 months, have you lost 10 lbs (4.5 kg) or more?

## Prior Insurance Application(s):

Have you **ever** had an application for life insurance, critical illness insurance, disability insurance or long-term care insurance declined, rated, modified or postponed?

# In Motion

## Driving & Travel

In the **past 3 years**, have you had a driving violation, license suspension or your license taken-away (for any reason)?

In the past 24 months, have you engaged in any of the following high-risk activities, or do you plan to in the next 12 months?

- Flying as a pilot, student pilot or crew member on any type of aircraft?
- Motorized racing (car, motorcycle, snowmobile, etc.)
- Heli skiing/snowboarding or any back-country activities including skiing snowboarding/snowmobiling
- Rock or ice climbing
- Any other high-risk activities
- Scuba diving
- None of these apply

Within the **past 12 months**, have you travelled to or lived anywhere **other than** in Canada, the U.S., Mexico, the Caribbean, United Kingdom, European Union, Australia or New Zealand?.

Within the **past 14 days** have you returned from travel outside of Canada?

In the **next 12 months**, do you plan to travel or live anywhere other than in Canada?

# Personal

## Health Care Experiences

Have you experienced any health problems or health issues for which you have not yet consulted a healthcare provider?

Are you waiting for the results of any tests or investigations, or do you have any recommended, scheduled or pending tests, investigations, surgeries or consultations with a specialist or other healthcare provider?

Within the **past 30 days**, have you consulted or been treated by a healthcare provider for any reason, except for any minor condition that does not require follow-up visit or an uncomplicated pregnancy?

In the **past 24 months**, have you been admitted to a hospital for more than 24 hours, had surgery or been referred to (or seen) a Specialist for any reason other than an uncomplicated pregnancy, vasectomy, dental surgery, laser eye surgery, cosmetic surgery or muscle or joint injury which you have completely recovered from?

### Healthcare Provider

Who is your **regular** healthcare provider?

Provider name:

Provider address:

Provider phone number: