

**CLIENT NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Male  Female Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_' \_\_\_\_\_" Weight: \_\_\_\_\_

**Tobacco Use:**  Never used  Totally stopped Date stopped: \_\_\_\_\_  Use now Type of nicotine product: \_\_\_\_\_

**Type of Coverage:**  Term  UL  Survivor **Type of Coverage:**  Term  UL  Survivor

**Coverage Amount:** \_\_\_\_\_ **Anticipated Premium:** \_\_\_\_\_

**FAMILY HISTORY**

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?  
*If yes, use separate sheet to provide this information, including age of onset and date of death.*

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

- Date of first diagnosis: \_\_\_\_\_
- What organs are involved? (check all that apply)
  - Liver
  - Pancreas (diabetes)
  - Joints
  - Heart
  - Pituitary
- When was the last phlebotomy treatment? \_\_\_\_\_
- Was a liver biopsy done?  No  Yes; please provide a copy
- If available, please provide the most recent serum ferritin result: \_\_\_\_\_
- Is client on any medications now? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

- Does client have any other major health issues? (additional questionnaires may be required)  No  Yes; please give details  
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