

QUICK QUOTE FOR RHEUMATOID ARTHRITIS

CLIENT: NAME _____ / M F / DOB _____ AGE _____ / HT _____ WT _____ / STATE _____

AMT. REQUESTED \$ _____ / MAX. ANNUAL PREMIUM \$ _____ / TYPE OF INS. UL TERM YRS. LVL _____

TOBACCO USE NO YES, TYPE _____ / REPLACEMENT YES NO / CURRENT ANN. PREM. \$ _____

LAST LIFE INSURANCE APP. YEAR _____ COMPANY _____ ACTION _____

OCCUPATION _____ / MARITAL STATUS SINGLE MARRIED WIDOWED DIVORCED

FAMILY HISTORY –

AGE, IF STILL LIVING: FATHER _____ MOTHER _____ SIBLING 1 _____ SIBLING 2 _____ SIBLING 3 _____

IF ANY DECEASED GIVE RELATION, AGE AND CAUSE, OF EACH _____

HAVE ANY OF YOUR FAMILY MEMBERS BEEN DIAGNOSED WITH CANCER, DIABETES OR HEART DISEASE; SPECIFY MEMBER AND ILLNESS PRIOR TO AGE 60. GIVE RELATION, AGE AND ILLNESS, OF EACH _____

DRIVING RECORD - # OF VIOLATIONS IN PAST 3 YEARS _____ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS _____

DO YOU EXERCISE 3 OR MORE TIMES PER WEEK? NO YES, DETAILS _____

DATE OF LAST MEDICAL CHECKUP _____ AND RESULTS _____

DATE OF LAST EKG _____ AND RESULTS _____

LAST BLOOD PRESSURE READING (EXAMPLE 140/80) _____ / ARE YOU TREATED FOR BLOOD PRESSURE NO YES

LAST TOTAL CHOLESTEROL READING AND HDL READING _____, _____ / TREATED FOR CHOLESTEROL NO YES

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

1. PLEASE LIST THE INITIAL DATE OF DIAGNOSIS _____

2. IS THE CLIENT ON ANY MEDICATIONS FOR THE DISEASE?

NO YES, PROVIDE NAME(S) & DOSAGE(S) _____

3. HAS THE CLIENT EXPERIENCED ANY OF THE FOLLOWING (PLEASE CHECK ALL THAT APPLY):

- WEIGHT LOSS
- FEVER
- LOW BLOOD COUNTS
- HEART DISEASE
- LUNG DISEASE
- LIVER ENZYME ABNORMALITY
- KIDNEY DISEASE

PLEASE PROVIDE DETAILS REGARDING ALL CHECKED RESPONSES:

4. PLEASE NOTE FUNCTIONAL ABILITY:

- FULLY ACTIVE
- SEDENTARY
- USES WALKER, CANE, ETC.
- USES WHEELCHAIR

PLEASE PROVIDE DETAILS IF USING WALKER, CANE OR WHEELCHAIR; NEED TO KNOW DATE OF INITIAL USE:

5. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY) ALONG WITH ALL MEDICATIONS AND VITAMINS TAKEN:

