LIFE INSURANCE

Asset

HEALTH SCREENING QUESTIONNAIRE

CLIENT NAME: | AGENT NAME:

PROPOSED DEATH BENEFIT AMOUNT:

TYPE OF POLICY SEEKING:

Life insurance is about protecting the things that are important to your clients. When considering life insurance for your client, you must think about their health. It is their health and their pocketbook that determines if life insurance makes sense.

Date of Birth: _____ **Height:** _____ **Weight:** _____

Do you use tobacco products? ☐ YES ☐ NO
In past 12 months? ☐ YES ☐ NO
Type: _____
How much? _____

Have you previously been declined for life insurance? ☐ YES ☐ NO
Reason for decline: _____

Are you receiving Worker's Compensation/Disability? ☐ YES ☐ NO
Reason for the Disability: _____
Type of Disability Income: _____

Actively working? ☐ YES ☐ NO If no, please explain: _____

Does the client have any family history (parent, sibling) of death before age 70 due to cardiovascular, cerebral vascular, diabetes, or cancer? ☐ YES ☐ NO
If yes, please explain: _____

Within the last 5 years has the client had a moving violation, reckless driving, or DUI/DWI? ☐ YES ☐ NO
If yes, please explain: _____

Any prior convictions? ☐ YES ☐ NO
If yes, please explain: _____

Does the client participate in any dangerous activities/avocations (scuba diving, racing, skydiving, etc)? ☐ YES ☐ NO
If yes, please explain: _____

Is the client intending to travel to any foreign country (excluding Canada)? ☐ YES ☐ NO
If yes, please explain including length of stay: _____

U.S. Citizen? ☐ YES ☐ NO Green Card? ☐ YES ☐ NO Applying for Citizenship? ☐ YES ☐ NO

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To be able to give you accurate information it is important that we receive all forms back.

List all prescription medications taken over the past 12 months

1. Medication:	Amount:	Currently Taking? ☐ YES ☐ NO	
How Long Taking:	Reason Prescribed:		
2. Medication:	Amount:	Currently Taking? ☐ YES ☐ NO	
How Long Taking:	Reason Prescribed:		
3. Medication:	Amount:	Currently Taking? ☐ YES ☐ NO	
How Long Taking:	Reason Prescribed:		
4. Medication:	Amount:	Currently Taking?	
How Long Taking:	Reason Prescribed:	☐ YES ☐ NO	
5. Medication:	Amount:	Currently Taking?	
How Long Taking:	Reason Prescribed:	☐ YES ☐ NO	

Have you ever been diagnosed by a licensed physician as having any of the following conditions?

(Check all that apply) ☑ YES ☐ NO

- AIDS/HIV Positive ☐
- Alzheimer's Disease ☐
- Cancer (type) ☐
- COPD (emphysema) ☐
- Strokes ☐
- Coronary Artery Disease ☐
- Multiple Sclerosis ☐
- Crohn's Disease ☐
- Depression/Anxiety ☐
- Diabetes (type) ☐
- Parkinson's Disease ☐
- Alcohol Abuse ☐
- Drug Abuse ☐
- Epilepsy (type and date of last) ☐
- Cirrhosis ☐
- Asthma ☐
- Hepatitis (type) ☐
- Irregular Heart Rate/ Palpitations ☐
- Kidney Disease/ Failure ☐
- Lupus (type) ☐
- Peripheral Vascular Disease ☐
- Rheumatoid Arthritis ☐
- Sleep Apnea ☐
- High Blood Pressure (readings) ☐
- High Cholesterol (controlled) ☐
- Heart Attack ☐
- Aneurysm (location, size, operated?) ☐
- Organ Transplant (type) ☐
- Cardiovascular Disease ☐

If you answered "YES" to any of the previous questions, provide full details here.

Diagnosis: _____ Date: _____
Treatments: _____ Prognosis: _____
Medications: _____

Diagnosis: _____ Date: _____
Treatments: _____ Prognosis: _____
Medications: _____

Give details on any surgery or procedure. (i.e., angioplasty, bypass surgery, pacemaker, defibrillator)

Procedure: _____
Treatment or Therapy: _____
Residual Problems: _____

List additional medications, diagnosis, or procedures on a separate page and attach to this document.

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TYPICAL HEALTH CONCERNS AND MEDICATIONS
FOR LIFE INSURANCE PROSPECTS

Asthma
1. Frequency of attacks or hospitalizations?
2. Any oral steroids including inhalers that are steroidal?
3. Smoker?
4. Stable pulmonary function tests?
5. Any diagnosis of COPD or emphysema?
6. How long diagnosed?

Cancer
1. Where cancer originated?
2. What stage of cancer, 1-4? 4 being metastasis and uninsurable.
3. What kind of treatment and last date of treatment, if fully recovered (including surgery, radiation or chemotherapy)?
4. When diagnosed?
5. PSA for prostate cancer <1?
6. If melanoma need Clark level and depth of invasion?

COPD/Emphysema
1. What medications, inhalers, or nebulizer?
2. Does the client smoke?
3. Need to know if the client has stable pulmonary function tests?
4. Any hospitalizations?
5. Any limitations or shortness of breath?
6. Any oxygen use, daily steroid use or hospitalizations?
7. When diagnosed?

Chron's Disease
1. When diagnosed?
2. What treatment or meds is the client using?
3. How frequent are flare-ups or hospitalizations?
4. Weight Stable?

Sleep Apnea
1. When diagnosed?
2. Severity of the condition?
3. Does the client use a CPAP machine? Is the machine hooked to oxygen? If it is then companies will decline.
4. Any other treatment?
5. Stable pulmonary function tests?

Heart Disease
1. Any heart surgeries, when and what type, bypass (# of bypasses), angioplasty, pacemaker, or heart valve replacement?
2. Recovered?
3. What medications taking?
4. Any congestive heart failure/atrial fibrillation/ heart attack/chest pains?
5. Is the client having regular follow-ups and/or testing (last seen and test results)?

Lupus
1. What type? Discoid or systemic?
2. When diagnosed?
3. If systemic, what organs affected and how severely are they affected?
4. What treatment or meds is the client using?
5. How many flare-ups or hospitalizations?

Stroke/CVA/TIA
1. How many strokes?
2. When was episode?
3. Any residuals, such as numbness, weakness, pain, slurred speech, or visual impairment?
4. Any limitations that require cane or assistance?
5. Any findings on a CT or white matter changes, small vessel disease, ischemic changes, micro vascular changes and lacunar infarcts?
6. Any cognitive abnormalities?

Diabetes
1. What type, 1 or 2?
2. When diagnosed?
3. How well controlled, last hemoglobin, A1C?
4. Any diabetic complications – neuropathy (nerve damage), retinopathy (eye), nephropathy (kidney damage), or circulatory problems?
5. Wt and Ht stable and w/in the guidelines?
6. What medications, oral or insulin?
7. Any heart conditions?