

Underwriting Questionnaire

Anemia



Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____

Male Female Face Amount _____ Max Premium \$ _____ /yr.

Term Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Type of Anemia

- Sickle cell (select type of Sickle cell) Sickle cell B0 or B+ Sickle cell trait hgb C
- Iron deficiency
- Hemorrhagic
- Sideroblastic Inherited Acquired
- Hemolytic Inherited Acquired
- Thalassemia Inherited Acquired
- Chronic Disease

Select any complications

- Necrosis of bones Leg ulcers Lung scarring Blood clots
- Enlarged heart Kidney problem Blood transfusion Liver or spleen

Current hgb (hemoglobin) _____ Current hct (hematocrit) _____ Current rbc (red blood cells) _____

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: