Underwriting ( Anemia	Questionnaiı	<b>'</b> e		Under Millings
Producer Name	Pho	one	Date	
Client Name	Da	te of Birth		
Male Female Face	e Amount	Max Premi	um \$ /yr.	
□ Term □ Permanent Ha	as the client ever used any	form of tobacco (cigarette	s, cigars, pipe, snuff, etc.)?	Yes No
Frequency	Date of	last use	Туре	
Type of Anemia Sickle cell (select type Iron deficiency Hemorrhagic Sideroblastic Hemolytic Thalassemia Chronic Disease	Inherited Acc	II B0 or B+ □Sickle cell tr quired quired quired	ait 🗌 hgb C	
	□Leg ulcers □Kidney problem	Lung scarring Blood transfusion	☐Blood clots ☐Liver or spleen	
Current hgb (hemoglobin)	Current hct	(hematocrit)	Current rbc (red bl	ood cells)
Name of Medication (pres	cription or otherwise)	Dates Used	Quantity Takon	Frequency Taken

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

List any other major health problems the client has:



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