Underwriting Questionnaire

Blood Clots

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Producer Name	Phone		Date	_ \
Client Name	Date o	Date of Birth		
☐ Male ☐ Female Face Amount _	Max Premium \$		um \$ /yr.	
☐ Term ☐ Permanent Has the clie	ent ever used any fo	orm of tobacco (cigarett	es, cigars, pipe, snuff, etc.)? □Yes □No
Frequency	Date of last use		Type	
Cause of blood clot Atrial Fibrillation PFO (Patent Foramen Ovale) Other			edentary Lifestyle ost-Operative Complication	n
Clotting Disorder ☐ Factor V Leiden Resistance ☐ Other	□Lupus Anticoagulant		ntiphospholipid Antibody	
Date of first diagnosis				
Type of treatment Blood thinner (coumadin); date(s). Aspirin; date(s). Hospitalization; date(s).				
Any evidence of recurrence ☐Yes ☐No	If yes, provide d	ates/details		
Have any of the following occurred due to ☐ Heart attack ☐ Stroke ☐ Other	☐Deep vein thror	nbosis (DVT)	ulmonary embolism	
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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