Underwriting Questionnaire

Fibromyalgia/Chronic Fatigue



Producer Name	Phone		Date		
Client Name	Date of Birth				
☐ Male ☐ Female Face Amount		Max Premiun	า \$	/yr.	
☐ Term ☐ Permanent Has the clien	t ever used any form of	tobacco (cigarettes	, cigars, pipe, snuf	f, etc.)?	□Yes □No
Frequency	Date of last use _		Type _		
Date of diagnosis Name o	f diagnosis				
Symptoms at time of diagnosis - provide deta	ils				
Current symptoms - provide details					
Has there been a complete recovery? □Yes [∃No Residual symptom	ns - provide details			
Is there any interference with normal activities	s of daily living (ADLs)? I	f yes, provide detai	ls		
A					
Any hospitalization(s) Yes No If yes, pro					
Any psychiatric consultations \(\sqrt{Yes} \sqrt{No} \) If					
Name of Medication (prescription or ot	nerwise) Da	ates Used	Quantity Take	n	Frequency Taken
The client is Working full-time	□Working part-time	☐On disability	□Other		
Client hobbies/activities					
List any other major health problems the clier	ıt has:				



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