Neuropathy / Peripheral Vascular Disease Questionnaire

Agent Name: _____ Phone #: (_____) _____

Agent E-mail: _____

Client Name: _____ Date of Birth: _____

Sex: Male / Female Height: _____ Weight: _____ State: _____ Smoker: Yes / No

Face Amount: $_____ Type of Insurance: ___ UL ___ WL ___ SUL ___ Term (# of years _____)

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1. Has the proposed insured been diagnosed with any of the following? (Check all that apply.)

___ Peripheral Vascular Disease — Date of diagnosis: _____
___ Leriche's Syndrome — Date of diagnosis: _____
___ Arterio Sclerosis Obliterans (ASO) — Date of diagnosis: _____
___ Claudication — Date of diagnosis: _____
___ Aneurysm: ___ Abdominal ___ Vascular ___ Cerebral — Date of diagnosis: _____
___ Other disorder of the circulatory system: _____

2. What were the first symptoms? _____

3. What tests were done to give diagnosis?

Test	Date	Results

4. Have any of the following surgeries been suggested or done? (Check all that apply.)

___ Aorto Femoral Bypass (leg vessels) Date: _____ Result: _____
___ Endarterectomy (clean arteries) Date: _____ Result: _____
___ Aneurysmotomy (repair of an aneurysm) Date: _____ Result: _____
___ Other: _____ Date: _____ Result: _____

5. Does the proposed insured have any other major health problems? ___ Yes ___ No
If yes, provide details: _____

6. When did the proposed insured last consult their physician? _____

7. Is the proposed insured currently taking any medication(s)? ___ Yes ___ No
If yes, provide name, dosage and frequency of medication(s) _____

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