

MEDICAL HISTORY QUESTIONNAIRE: ARTHRITIS

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage: _____ Coverage Information: _____

Never
 Former Date Stopped: _____
 Current Type: _____

Type: Term UL IUL
 WL VUL Survivorship

Face Amount: _____

Premium Tolerance: _____

Proposed Insured's Existing Insurance

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis _____

2. What type of arthritis is it? (Example: rheumatoid, osteo, gouty, etc.)

3. Are the joints involved? No Yes

4. What is the type of treatment, and does it include cortisone?

5. Please list current medications

Name of Medication	Dosage	Reason

6. Are there any other health issues? (Additional Questionnaires may be required) No Yes

If yes, please provide details: