BROKERHOUSE
INSURANCE

Pre-Underwriting Questionnaire

Please answer all questions applicable to the client's medical history.

Client Name _____ Date of Birth: _____/_____/_____

Male_____ Female_____ Amount of insurance requested_____

Any nicotine use within 60 months?_____ If yes, type & date of last use:_____

Has client seen a doctor within past 3 years?_____ If so, when & why?_____

What tests were done?_____ Results_____

List any medications, including over-the-counter medications or vitamins. Indicate dosage._____

_____

_____

Height:_____ Weight:_____ Any weight change in past 12 months?_____

Latest blood pressure reading:_____ EKG Results_____ Cholesterol/HDL Results_____

Family History: Has any family member had cancer, diabetes, high blood pressure, heart disease, or kidney disease prior to age 60? If yes, identify family member, disorder and age at onset.

_____

_____

☐ **Cardiac Disorders :** Any history of angina, heart attack, irregular heart-beat, valve disorder, coronary artery disease?

Please advise date of onset and treatment given:

_____

_____

☐ **Hypertension**

Date of diagnosis: _____Your average readings: _____Do you monitor readings at home? _____

Medications: _____Any other impairments? _____

☐ **Cancer**

Type of cancer: _____Location:_____

Staging: _____Grade: _____

Date of surgery: _____Any radiation or chemo? _____If yes, date treatment ended: _____

Any recurrence of cancer: _____Any other medical problems: _____

☐ **Substance Abuse**

Date stopped using: _____Kind of substance: _____ Attend AA or other programs:_____ Type of treatment:_____ Any relapses?_____

Any motor vehicle violations or DUIs? _____If so, describe & give details:_____

☐ **Diabetes**

Date diagnosed: _____Treatment (oral meds, insulin, diet)?_____# Units of insulin:_____

Any complications:_____

Latest A1C reading: :_____

☐ **Asthma/COPD**

When diagnosed: _____Medication:_____# of Attacks per year:_____

Date & severity of last attack:_____Seasonal?_____

Any hospitalizations?_____When?_____

☐ **Crohn's /Colitis**

When diagnosed:_____Any surgery?_____If so, what?_____

Current medication:_____Date of last episode:_____

☐ **TIA/CVA Seizures** *(transient ischemic attack / mini-stroke/stroke)*

Date of episode:_____# of episodes: _____Any residuals?_____

Type of treatment or medication:_____

☐ **Psychiatric**

Diagnosis:_____Date:_____Medication:_____Hospitalization:_____

Suicide attempts? _____Currently employed?_____

☐ **Lab Abnormalities**

What tests were abnormal? _____Results & date:_____

Any diagnosis given? _____How long has test been abnormal?_____

☐ **Aviation**

Hours flown as Pilot or Co-Pilot:_____Purpose (civilian, military):_____

☐ **Any Other Avocation**

Please specify:_____

☐ **Any impairment not listed above**

Diagnosis given and date:_____

Treatment:_____

Medications:_____

Date of last follow up: _____Test results:_____

Additional comments *(Please attach additional page if needed)*

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