

ANEMIA QUESTIONNAIRE

Insured's Name:	DOB:	State:	Sex: M / F
Height: Ft. In.	Weight:	Face Amount:	
Tobacco use in the past 5 years: No Yes Details:			
Producer:	State:	Phone:	E-mail:

Proposed Insured please answer the following:

1. When were you first diagnosed with anemia?
2. Is there any other family member that has been diagnosed with the disease? Yes No
Details:
3. What caused the anemia?
Details:
4. What tests were performed that diagnosed the anemia?
Details:
5. What type of anemia do you have?
6. Have you ever had any blood transfusions? Yes No
Date(s):
7. What is your current hemoglobin and hematocrit reading?
Details:
8. How often do you have your blood checked?
9. What treatment are you currently receiving or have you received in the past?
Details:
10. Are you taking any medications? Yes No
Name(s) and dosage(s):
11. Name(s), address(es) & phone number(s) of your physician(s) and date last consulted:

Additional Information (please use reverse side for additional space):

Date: _____ Insured's Signature: _____