



Medical History Fact Finder



LIFE SPECIALIST
GROUP

Use this quick data taker to identify any potential underwriting considerations prior to submitting a life insurance application.

Advisor: _____

Client Information

Client name: _____			
Date of birth: _____	Height: _____	Weight: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female

Cardiac History (i.e CAD, Valvedisease, Cardiomyopathy/CHF)

If yes, list condition(s) and date of occurrence(s) _____

Cancer Type/Name of Cancer _____ Stage _____

Type of treatment? Surgery Radiation Cryotherapy Chemotherapy None

Date of treatment? _____

Cigarette/Marijuana Use: Have you used tobacco in any form during the past 12 months (including cigars, cigarillos, a pipe, chewing tobacco or cigarettes)? Yes No

If yes, what type and frequency? _____

Prescription Medications: List current prescription medications, purpose and dosage if available

Diabetes Type? Insulin dependent Non-insulin dependent Year Diagnosed _____

A1C Level _____

Other Conditions: Please list with details

