CHOLESTEROL (LIPID) ELEVATIONS QUESTIONNAIRE

Agent: Phone: Fax:

Proposed Insured Name: _____ ❒ M ❒ F Date of Birth: _____
Face Amount: _____ Max. Premium: $_____/year ❒ UL ❒ WL ❒ Term ❒ Survivorship
Do you currently smoke cigarettes? ❒ Y ❒ N If no, did you ever smoke: ❒ Never ❒ Quit (Date): _____
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ❒ Y ❒ N
If Yes, please provide details:_____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____
Height: ____ft. ____in. Weight: ____lbs.

(1) Please provide date of diagnosis: _____

(2) Please provide approximate readings of known cholesterol levels:

Total Cholesterol	
LDL (Bad Cholesterol)	
HDL (Good Cholesterol)	
Triglyceride Level	

Total Cholesterol/HDL Ratio:	

(3) Does the proposed insured take any medications to control the blood pressure or for any other reason?

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(4) Is there any family history of heart disease, circular disorder, or stroke?

	Age (if living)	Age at death	Cause of death if deceased:	History of heart disease or circulatory disorder?	History of stroke?
Mother				❒ Yes ❒ No	❒ Yes ❒ No
Father				❒ Yes ❒ No	❒ Yes ❒ No
Sister(s)				❒ Yes ❒ No	❒ Yes ❒ No
Brother(s)				❒ Yes ❒ No	❒ Yes ❒ No

(5) Does the proposed insured have a history of the following (if yes, check and describe in item six below):

❒ Elevated blood pressure ❒ Diabetes ❒ Kidney Disease ❒ Heart disease ❒ Being overweight

❒ Stroke ❒ TIA ❒ Aneurysm ❒ Peripheral vascular disease

(6) Please advise of any additional information that may help us provide you with a more accurate preliminary assessment:

_____

_____