

## **PREFERRED RISK QUESTIONNAIRE**

**CLIENT:** NAME \_\_\_\_\_ /  M  F / DOB \_\_\_\_\_ AGE \_\_\_\_\_ / HT \_\_\_\_\_ WT \_\_\_\_\_ / STATE \_\_\_\_\_  
 AMT. REQUESTED \$ \_\_\_\_\_ / MAX. ANNUAL PREMIUM \$ \_\_\_\_\_ / TYPE OF INS.  UL  TERM YRS. LVL \_\_\_\_\_  
 TOBACCO USE  NO  YES, TYPE \_\_\_\_\_ / REPLACEMENT  YES  NO / CURRENT ANN. PREM. \$ \_\_\_\_\_  
 LAST LIFE INSURANCE APP. YEAR \_\_\_\_\_ COMPANY \_\_\_\_\_ ACTION \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ / MARITAL STATUS  SINGLE  MARRIED  WIDOWED  DIVORCED  
 FAMILY HISTORY - AGE, IF STILL LIVING: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_ SIBLING 1 \_\_\_\_\_ SIBLING 2 \_\_\_\_\_ SIBLING 3 \_\_\_\_\_  
 IF ANY DECEASED GIVE RELATION, AGE AND CAUSE, OF EACH \_\_\_\_\_  
 DRIVING RECORD - # OF VIOLATIONS IN PAST 3 YEARS \_\_\_\_\_ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS \_\_\_\_\_  
 DO YOU EXERCISE 3 OR MORE TIMES PER WEEK?  NO  YES, DETAILS \_\_\_\_\_  
 DATE OF LAST MEDICAL CHECKUP \_\_\_\_\_ / DATE OF LAST EKG \_\_\_\_\_ AND RESULTS \_\_\_\_\_  
 LAST BLOOD PRESSURE READING (RESULTS) \_\_\_\_\_ / \_\_\_\_\_ / ARE YOU TREATED FOR BLOOD PRESSURE  NO  YES  
 LAST CHOLESTEROL READING, HDL READING (RESULTS) \_\_\_\_\_, \_\_\_\_\_ TREATED FOR CHOLESTEROL  NO  YES

**AGENT:** NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

1. PLEASE DETAIL THE CLIENT'S FAMILY HISTORY (HAS ANY IMMEDIATE FAMILY MEMBER EVER BEEN DIAGNOSED WITH HEART DISEASE, DIABETES, CANCER OR FAMILIAL DISEASE? IF YES, PLEASE GIVE AGE OF DIAGNOSIS/AGE IF LIVING/AGE AT TIME OF DEATH AND CAUSE.)

FATHER \_\_\_\_\_/\_\_\_\_\_

MOTHER \_\_\_\_\_/\_\_\_\_\_

SIBLING \_\_\_\_\_/\_\_\_\_\_

SIBLING \_\_\_\_\_/\_\_\_\_\_

2. CLIENT'S MEDICAL HISTORY (CHECK ALL THAT APPLY):

- CANCER HISTORY
- HEART HISTORY / CONDITION
- DIABETES HISTORY
- ALCOHOL OR DRUG ABUSE HISTORY
- HIGH BLOOD PRESSURE, PLEASE DETAIL:

CURRENT READING \_\_\_\_\_ / HIGHEST READING \_\_\_\_\_

TYPE OF TREATMENT \_\_\_\_\_

- ELEVATED CHOLESTEROL HISTORY, PLEASE DETAIL:

CURRENT READING \_\_\_\_\_ / HDL READING OR RATIO \_\_\_\_\_

HIGHEST CHOLESTEROL READING \_\_\_\_\_

TYPE OF TREATMENT \_\_\_\_\_

- ELECTORCARDIOGRAM (EKG), IF TAKEN W/IN PAST YEAR:

RESULTS:  NORMAL  OTHER \_\_\_\_\_

STRESS EKG OR THALLIUM, IF TAKEN W/IN PAST YEAR:

RESULTS:  NORMAL  OTHER \_\_\_\_\_

SIGMOIDOSCOPY, IF TAKEN W/IN PAST YEAR:

RESULTS:  NORMAL  OTHER \_\_\_\_\_

PROSTATE EXAM, IF TAKEN W/IN PAST YEAR:

RESULTS:  NORMAL  OTHER \_\_\_\_\_

MAMMOGRAM, IF TAKEN W/IN PAST YEAR:

RESULTS:  NORMAL  OTHER \_\_\_\_\_

3. DOES THE CLIENT PARTICIPATE IN AVIATION / AVOCATION ACTIVITIES?

NO  YES, PLEASE DETAIL \_\_\_\_\_

4. HAS THE CLIENT HAD A STANDARD MEDICAL CHECKUP W/IN THE PAST YEAR:

NO  YES, PLEASE DETAIL:  NORMAL  OTHER \_\_\_\_\_

5. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY) ALONG WITH ALL MEDS AND VITAMINS TAKEN (INCLUDE DOSAGE AND FREQUENCY): \_\_\_\_\_