

Underwriting questionnaire

Brain Aneurysm

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

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ State of Sale _____

Male Female Face Amount _____ Max Premium \$ _____ /yr.

Term Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Is the aneurysm secondary to some type of condition Yes No If Yes, provide details

Studies completed

Type of aneurysm Arteriovenous malformation (AVM) Perimesencephalic Non perimesencephalic
 Cavernous angioma/hemangioma (cavernoma) Venous angioma

Size of aneurysm (in centimeters) _____

Surgically corrected Still present Other, provide details (e.g., radiotherapy, embolization)

Symptoms

Incidental finding on a routine work-up Symptoms prompted an evaluation that diagnosed the aneurysm

Follow-up

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

Name of Medication (prescription or otherwise)	Date Started	Quantity Taken	Frequency Taken

List any other major health problems the client has: