

# Underwriting Questionnaire Fibromyalgia/Chronic Fatigue

Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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 \_\_\_\_\_

Date of diagnosis \_\_\_\_\_ Name of diagnosis \_\_\_\_\_

Symptoms at time of diagnosis - provide details

Current symptoms - provide details

Has there been a complete recovery?  Yes  No Residual symptoms - provide details

If any interference with normal activities of daily living (ADLs), provide details

Any hospitalization(s)  Yes  No If yes, provide date and reason \_\_\_\_\_

Any psychiatric consultations  Yes  No If yes, provide date(s) \_\_\_\_\_

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

The client is  Working full-time  Working part-time  On disability  Other

Client hobbies/activities

List any other major health problems the client has: