

Underwriting Questionnaire

Lyme Disease

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 _____ Stage of disease (see examples of staging below for reference) _____

Has the client ever had neurological or cardiac complications associated with the Lyme Disease? Yes No

Stage 1 - acute/caught very early, usually asymptomatic with good response to treatment
 Stage 2 - may experience neurological or other complications (e.g. headaches, fatigue, muscle pain, fibromyalgia, other)
 Stage 3 - chronic/incurable or never treated with ongoing complications and/ or residuals

If yes, please provide full details _____

How was the disease treated? Oral doxycycline Amoxicillin Erythromycin
 Penicillin Other antibiotic or IV medication

Date treatment ended _____ Is the disease still present? Yes No

If fully recovered, provide a date the client was deemed fully recovered _____

Are there any ongoing complications or residuals? Yes No If yes, please provide full details

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

List any other major health problems the client has: