Underwriting Questionnaire Osteopenia/Osteoporosis

HH Truist Life Insurance Services

Producer Name F	hone	Date	-
Client Name	Pate of Birth		
☐ Male ☐ Female Face Amount	Max Premium \$	/yr.	
☐ Term ☐ Permanent Has the client ever used	any form of tobacco (cigarettes, ciga	ars, pipe, snuff, etc.)?	□Yes □No
Frequency Date of	of last use	Type	
Date of diagnosis Official diagnosis	☐ Osteopenia ☐ Osteoporo	sis 🗌 Mild	Severe
Any balance disorder or abnormal gait Yes N	o If yes, provide details		
History of falls (details and dates)			
History of fracture Traumatic Non-Traumatic (details and dates)			
Date of last DEXA scan			
T score results: Left hip Right hip Spine Any score worse than -4.0			
Any interference with normal activities of daily living (ADLs)			
Regular exercise			
Any other medical conditions present ☐Yes ☐No	If yes, provide details		
Name of Medication (prescription or otherwise)	Dates Used C	Quantity Taken	Frequency Taken
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Any prescribed medications not being taken			

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