Underwriting Questionnaire Peripheral Vascular Disease

Producer Name	Phone	Date		
ent 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 D	ate of last use		Type	
Date of diagnosis Artery(s) involved				
Location				
Select the treatments the client has had Angioplasty; date Bypass grafting; date				
Are any of the following present (select all that apply) Bruit heard by physician Diminished pulses Claudication pain with activity Ankle - brachial blood pressure ratio (if yes, send copy of results)				
Has the client had any of the following (select all that apply) Abnormal lipid levels Chest pain Ch				
Name of Medication (prescription or otherwise)	Dates Used	Quantity	Taken	Frequency Taken

List any other major health problems the client has:

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