Underwriting Questionnaire Rheumatoid Arthritis

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Producer Name	Phone	_ Date	_
Client Name	Date of Birth		
☐ Male ☐ Female Face Amount	Max Prem	ium \$ /yr.	
☐ Term ☐ Permanent Has the client ever use	ed any form of tobacco (cigare	ttes, cigars, pipe, snuff, etc.)	? □Yes □No
Frequency Da	te of last use	Type	
Date of diagnosis			
Select if the client has had any of the following Weight loss Fever Lung disease Liver enzyme abnormality	ood counts	ease	
What joints are involved			
Select functional ability ☐Fully active ☐Sedentary ☐Uses w.	alker, cane, etc. Uses whe	elchair	
Date of last flare up	Treatment		
Is the client on disability ☐Yes ☐No			
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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