

# Underwriting Questionnaire Rheumatoid Arthritis

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 \_\_\_\_\_

Select if the client has had any of the following

- Weight loss  Fever  Low blood counts  Heart disease  
 Lung disease  Liver enzyme abnormality  Kidney disease

What joints are involved \_\_\_\_\_

Select functional ability

- Fully active  Sedentary  Uses walker, cane, etc.  Uses wheelchair

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: