Please email or fax this questionnaire to:
julie@adams-moore.com
Fax: 704-369-0806
Phone: (704) 522-9228, ext. 116

QUICK CLIENT HEALTH ASSESSMENT			
Agent Information	**Agent Name**		
	Phone/Fax/Email	Phone:	Fax or Email:
Client Information	**Client Name**		DOB: ( )M ( )F
	Citizenship	( )USA ( )Other, List:	Height/Weight: __________ / __________lbs.
Plan Of Insurance	**Plan of Insurance**	( ) UL ( )Term	Face Amount Desired $
	Premium Class Expected	( ) Best Available ( ) Preferred ( ) Standard Best ( ) Standard ( ) Possibly Rated	Or: Premium budget $ ______________________ per Month Quarter Semi-Annually Annually
Current Medical Information 02-2018	**Weight loss in prior year**	( ) No ( ) Yes How much?_________ bls	Reason for weight loss:
	Driving History	DUI? ( ) Yes ( ) No Date:	Other? ( )Yes ( ) No Description/ Date:
	Family Health History	Any immediate family with history of cardiac disease, cancer, or diabetes before the age of 65? Relation: Age at diagnosis: Age at death: Cause of death:	
	Blood Pressure	Current:	Highest & Date:
	Cholesterol	Current:	Highest & Date
	Tobacco Use	Type:	Frequency:
	Hospitalizations	Date:	Reason:
		Date:	Reason

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	Has Client had a medical check-up in the past year?	If so, please list date and outcome:	
	Other Illness or impairments	Describe:	
	Medications	Please list name of each medication, dosage and frequency:	
Medical History (Check all that apply)	**Cancer**	Date Diagnosed:	Stage of cancer at diagnosis:
		Treatment (e.g. surgical removal, radiation, chemotherapy):	Date of last treatment or surgery:
	Diabetes	Date Diagnosed: (Circle One) Type 1 Type 2	Last A1C reading:
	Alcohol Abuse	Date Diagnosed:	Date of last in-treatment:
	Drug Abuse	Date Diagnosed:	Date of last in-treatment:
	Heart Condition	( ) Heart Attack Date:	( ) Stroke Date:
		( ) By-pass Date:	If By-pass, how many vessels?
	Sleep Apnea	Date Diagnosed:	( ) On CPAP? Date Started?
	Foreign Travel	Where:______________________________	Dates:____________________________

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	Hazardous Activities	Type/ Details:
Notes	**Is there any other information you wish for us to consider?** *(Other positive activities that can influence an underwriter's decision, e.g. client exercise regimen)*	