

## CHOLESTEROL (LIPID) ELEVATIONS QUESTIONNAIRE

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Proposed Insured Name: \_\_\_\_\_  M  F Date of Birth: \_\_\_\_\_  
 Face Amount: \_\_\_\_\_ Max. Premium: \$ \_\_\_\_\_/year  UL  WL  Term  Survivorship  
 Do you currently smoke cigarettes?  Y  N If no, did you ever smoke:  Never  Quit (Date): \_\_\_\_\_  
 Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...):  Y  N  
 If Yes, please provide details: \_\_\_\_\_  
 When did you last use any form of tobacco: \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) Type used last: \_\_\_\_\_

(1) Please provide date of diagnosis: \_\_\_\_\_

(2) Please provide approximate readings of known cholesterol levels:

Total Cholesterol	
LDL (Bad Cholesterol)	
HDL (Good Cholesterol)	
Triglyceride Level	

Total Cholesterol/HDL Ratio:	
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(3) Does the proposed insured take any medications to control the blood pressure or for any other reason?

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(4) Is there any family history of heart disease, circular disorder, or stroke?

	Age (if living)	Age at death	Cause of death if deceased:	History of heart disease or circulatory disorder?	History of stroke?
Mother				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Father				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sister(s)				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Brother(s)				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(5) Does the proposed insured have a history of the following (if yes, check and describe in item six below):

- Elevated blood pressure   
  Diabetes   
  Kidney Disease   
  Heart disease   
  Being overweight  
 Stroke   
  TIA   
  Aneurysm   
  Peripheral vascular disease

(6) Please advise of any additional information that may help us provide you with a more accurate preliminary assessment:

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