

UNDERWRITING FACT FINDER

NAME: _____

DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____
WEIGHT 12 MONTHS AGO: _____

CHOLESTEROL LEVEL: _____ HDL LEVEL: _____

HAVE YOU SMOKED CIGARETTES IN THE LAST:

12 MONTHS _____ 3 YEARS _____ 5 YEARS _____

HAVE YOU USED ANY OF THE FOLLOWING TOBACCO RELATED PRODUCTS IN THE LAST 12 MONTHS?

CIGARS _____ PIPE _____ CHEW _____ PATCH _____ GUM _____

HAS ANY PARENT OR SIBLING BEEN DIAGNOSED WITH HEART DISEASE _____ OR CANCER _____
PRIOR TO AGE 60?

YES _____ NO _____

IF ANSWERED YES TO THE QUESTION ABOVE - HAS ANY PARENT OR SIBLING DIED DUE TO HEART:

DISEASE _____ OR CANCER _____ PRIOR TO AGE 60?

YES _____ NO _____

LIST ANY MEDICAL HISTORY: _____

LIST ANY MEDICATIONS TAKEN: _____

