

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: _____
 Height: _____ ft. _____ in. Weight: _____ lbs.

(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:

BULBROOK/DRISLANE BROKERAGE
 Email: Info@bulbrookdrislane.com
 Fax: (781)237-8846