Lyme Disease

Please answer all questions applicable to the client's medical history.

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 _____ Stage of disease (see examples of staging below for reference) _____

Stage 1 - acute/caught very early, usually asymptomatic with good response to treatment
Stage 2 - may experience neurological or other complications (e.g. headaches, fatigue, muscle pain, fibromyalgia, other)
Stage 3 - chronic/incurable or never treated with ongoing complications and/ or residuals

Has the client ever had neurological or cardiac complications associated with the Lyme Disease? ☐ Yes ☐ No

If yes, please provide full details _____

How was the disease treated? ☐ Oral doxycycline ☐ Amoxicillin ☐ Erythromycin ☐ Penicillin ☐ Other antibiotic or IV medication

Date treatment ended _____ Is the disease still present? ☐ Yes ☐ No

If fully recovered, provide a date the client was deemed fully recovered _____

Are there any ongoing complications or residuals? ☐ Yes ☐ No If yes, please provide full details _____

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:

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