Underwriting Questionnaire Stroke (CVA)/Mini Stroke (TIA)

Producer Name		Phone		Date	Underwriting
Client Name		Date of Birth			
🗌 Male 🔲 Female	Face Amount	N	1ax Premium \$	/yr.	
□ Term □ Permanent	Has the client ever use	d any form of tobacco	o (cigarettes, c	igars, pipe, snuff, etc.)	? □Yes □No
Frequency	Dat	e of last use		Туре	
□Stroke	☐Mini stroke (TIA) Date	<u> </u>			
What follow-up studies	were done following the stroke		that apply) chocardiogram	n 🗌 Other	
Select the following con	ditions the client has been diag	nosed with			
	Current reading				
	sterol; Most recent reading				
∐Heart attack (N	(II); Date(s)			•••	
	of diagnosis				
	y disease; Date of diagnosis; De				
	ular disease; Date of diagnosis;				
	; Date of diagnosis; Details				
	ny; Date of diagnosis; Details n; Date of diagnosis; Details				
	experienced at the time of the				
Describe any residual ne	urologic deficits or other residu	al effects fro the strol	ke/mini stroke		
Any changes in ADLs (A	ctivities of Daily Living) □Ye	s 🗌 No (if yes, de	scribe below)	On disabil	ity? 🗌 Yes 🗌 No
· · · ·		Dates Use	ad I	Quantity Taken	Frequency Taken
Name of Medicati	on (prescription or otherwise)	Dates Use	20	Qualitity lakeli	Frequency laken

List any other major health problems the client has:



For Insurance Professional Use Only. Not intended for use in solicitation of sales to the public. Not intended to recommend the use of any product or strategy for any particular client or class of clients. For use with non-registered products only. Tellus operates under the license of Tellus Brokerage Connections Inc., AR license #100103477. Products and programs offered through Tellus are not approved for use in all states. Updated May 12, 2020