

ANEMIA QUESTIONNAIRE

Rohrer & Associates

Insured's Name: _____ DOB: _____ State: _____ Sex: M / F
Height: _____ Ft. _____ In. _____ Weight: _____ Face Amount: _____
Tobacco use in the past 5 years: No Yes Details: _____
Producer: _____ State: _____ Phone: _____ E-mail: _____

Proposed Insured please answer the following:

1. When were you first diagnosed with anemia?
2. Is there any other family member that has been diagnosed with the disease? Yes No
Details: _____
3. What caused the anemia?
Details: _____
4. What tests were performed that diagnosed the anemia?
Details: _____
5. What type of anemia do you have?
6. Have you ever had any blood transfusions? Yes No
Date(s): _____
7. What is your current hemoglobin and hematocrit reading?
Details: _____
8. How often do you have your blood checked?
9. What treatment are you currently receiving or have you received in the past?
Details: _____
10. Are you taking any medications? Yes No
Name(s) and dosage(s): _____
11. Name(s), address(es) & phone number(s) of your physician(s) and date last consulted:

Additional Information (please use reverse side for additional space):

Date: _____ Insured's Signature: _____