

PERIPHERAL VASCULAR DISEASE/NEUROPATHY

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. Have you been diagnosed with any of the following (circle all that apply):

Peripheral Vascular Disease	Leriche's Syndrome
ASO (Arterio Sclerosis Obliterans)	Claudication
Abdominal Aneurysm	Cerebral Aneurysm
Vascular Aneurysm	Other disorder of the circulatory system

2. When were you diagnosed?
3. What were your first symptoms?

4. Please indicate dates and tests that have been completed to give you this diagnosis?

Date:	Test:
Results:	
Date:	Test:
Results:	
Date:	Test:
Results:	
Date:	Test:
Results:	

5. Have any of the following surgeries been suggested or done? Date: _____

Aorta Femoral Bypass (leg vessels)
Endarterectomy (clean arteries)
Aneurysmotomy (repair of an aneurysm)
Other surgical procedure Details: _____

6. What were the results of the surgery(ies)?

7. Do you have any other major health problems? No Yes

Details: _____

8. Are you on any medication(s)? No Yes

Name(s) and dosage(s): _____

9. Name and address of your physician(s) and date(s) last consulted: _____

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

Date: _____

Insured's Signature: _____