

# Health Questionnaire

Producer: \_\_\_\_\_

1. **Product type, face amount, Billing Mode and State** where application will be signed: \_\_\_\_\_  
\_\_\_\_\_

2. **Birthdate:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Ht/Wt** \_\_\_\_\_ **Tobacco Use or date quit:** \_\_\_\_\_

3. **Recent Blood Pressure** reading with dates taken: \_\_\_\_\_

4. **All medical conditions.** Date of Diagnosis, Treatment. Recovery Date. Outlook.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **All Medications/RX,** Dosage and if known reason for usage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. **Family History:** Fathers & Mothers ages when diagnosed, medical condition(s) & age at death : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Siblings ages when diagnosed, medical condition(s) & age at death:

\_\_\_\_\_  
\_\_\_\_\_

7. **Hospitalizations:** dates, reason, diagnosis, treatment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. **Motor Vehicle History** (include dates of suspensions, DUI's, moving violations etc...) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Any other concerns or comments** (attach additional pages if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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not by yourself!*

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PDoyle@callums.com

**Additional questions you need to ask along with the above for:**

**History of Cancer:** Type, When diagnosed, What **Stage**, Metastasized, Treatment?

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**History of Diabetes:** Onset Date, most recent **A1C** score & date taken.

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**History of a Prostate condition:** Was cancer diagnosed? What treatment has been used & when? What was most recent **PSA level** & when was it taken?

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**History of Cardiac Conditions:** How many vessels involved? Was there a heart attack? Was there chest pain? Percent of blockage of each vessel? Location of vessel, ie. Heart, neck or carotid artery? Was there bypass surgery? Any stents & if so, how many? Date of last cardio workup & results.

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**Stroke:** Was the stroke a CVA (Cerebral Vascular Accident) or a TIA (Transient Ischemic Attack)?

What was the duration of recovery (ie. 6 months, 1 year)

List all residual impairments (ie. Inability to walk, paralysis, speech impediment, vision impairment, and the like)



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