



Please email or fax this questionnaire to:

Cheryl@adams-moore.com

Fax: 704-24850485

Phone: (704) 522-9228, ext. 409

QUICK CLIENT HEALTH ASSESSMENT		
Agent Information	Agent Name	
	Phone/Fax/Email	Phone: _____ Fax or Email: _____
Client Information	Client Name	DOB: _____ ()M ()F
	Citizenship	()USA ()Other, List: _____ Height/Weight: _____ / _____ lbs.
Plan Of Insurance	Plan of Insurance	() UL () Term Face Amount Desired \$ _____
	Premium Class Expected	() Best Available () Preferred () Standard Best () Standard () Possibly Rated Or: Premium budget \$ _____ per Month Quarter Semi-Annually Annually
Current Medical Information 02-2018	Weight loss in prior year	() No () Yes How much? _____ lbs Reason for weight loss: _____
	Driving History	DUI? () Yes () No Date: _____ Other? () Yes () No Description/ Date: _____
	Family Health History	Any immediate family with history of cardiac disease, cancer, or diabetes before the age of 65? Relation: _____ Age at diagnosis: _____ Age at death: _____ Cause of death: _____
	Blood Pressure	Current: _____ Highest & Date: _____
	Cholesterol	Current: _____ Highest & Date: _____
	Tobacco Use	Type: _____ Frequency: _____
	Hospitalizations	Date: _____ Reason: _____ Date: _____ Reason: _____

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	Has Client had a medical check-up in the past year?	If so, please list date and outcome:	
	Other Illness or impairments	Describe:	
	Medications	Please list name of each medication, dosage and frequency:	
Medical History (Check all that apply)	Cancer	Date Diagnosed:	Stage of cancer at diagnosis:
		Treatment (e.g. surgical removal, radiation, chemotherapy):	Date of last treatment or surgery:
	Diabetes	Date Diagnosed: (Circle One) Type 1 Type 2	Last A1C reading:
	Alcohol Abuse	Date Diagnosed:	Date of last in-treatment:
	Drug Abuse	Date Diagnosed:	Date of last in-treatment:
	Heart Condition	(<input type="checkbox"/>) Heart Attack Date:	(<input type="checkbox"/>) Stroke Date:
		(<input type="checkbox"/>) By-pass Date:	If By-pass, how many vessels?
		Sleep Apnea	Date Diagnosed:
Foreign Travel	Where: _____ Dates: _____		

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	Hazardous Activities	Type/ Details:
Notes	Is there any other information you wish for us to consider? <i>(Other positive activities that can influence an underwriter's decision, e.g. client exercise regimen)</i>	

