		erstone Concier	ge Fiel	d Under	rwritting	worksheet
Ca	criers Contracted with/St CLIENTS DATE OF BIRTH Name:	In the last 12 months has your cl	lient smoked	Been on disabili	ity in the last 10yrs	Type of client:
	/ / YES / NO			Yes / NO	If so why/when:	MP / Final Expense
			CIG / Marijuana	163 / 116	so wy, we	Looking for Term / Perm
			Cid / iviarijuaria			Working: YES / NO
	H/W:/			0 00 0		Working. 1237 NO
	U u	plied for life insurace befor		U		
۱L	L medications they have	been prescribed in the last 90d	ays: along with			re they prescribed it. ast 10yrs: yes / no (if so why)
\ N	NV VEC ANGWED DIFACE DECO	NED WITH WILEN DISCNOSED HOW		EVED HOSDITALTE	D. DECALIST OF IT DAY	D TAVEN TIME OF OF
		NED WITH: WHEN DIAGNOSED, HOW I UNDER CONTROL, has treatment chai			D BECAUSE OF IT, EVE	R TAKEN TIME OFF OF
		HAS YO	UR CLIENT EVE	R:		
	CONDITION	(circle what apply)		 Deta	II S	
	1. Any Mental Related conditions: (SUCH AS Depression, PTSD, Anxiety, schizophrenia, Alzheimer's, dementia) 2. ANY heart related conditions: (such as blood pressure, heart attack, angina, Congestive heart failure, heart surgery, chest pain, stents, heart value issues, pacemaker, A-Fib, anything?) 3. Any Respiratory conditions: (such as, asthma, copd, chronic bronchitis, every prescribed an inhaler, ever prescribed oxygen, shortness of breath)			DETA	1123	
		eys, liver, blood, auto-immune, hepatitis, fibromyalgia, sleep apnea,				
	Ever any cancer?	Date of last treatment:/	Still on any h	ormone replacem	nent or cancer preve	ntable meds? Yes / no
	Stage: 1 / 2 / 3 / 4	Every reoccurrence: yes / no				
	Ever Diabetes?					
	Recent A1c:	Ever Insulin: yes / no				
	Any complications or neuro	-				
	Any surgery or pain meds in					
	Prescribed anything else in	the last 10vrs?	-			
	Been to the hospital for any					
	peen to the hospital for ally	, icason in iast toyls				

DUI or license suspension in last 10yrs, 2 or more moving

violations? Any felonies or misdemeanors