## **Underwriting Questionnaire**

## **Rheumatoid Arthritis**

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Producer Name	Phone	Date		
Client Name	Date of Birth			
☐ Male ☐ Female Face Amount	Ma	x Premium \$	/yr.	
☐ Term ☐ Permanent Has the client ever	used any form of tobacco (	cigarettes, cigars, pipe, s	nuff, etc.)?	Yes □No
Frequency	Date of last use	Ту		
Date of diagnosis				
Select if the client has had any of the following  Weight loss  Fever  Lung disease  Liver enzyme abnorma				
What joints are involved				
Select functional ability    Fully active   Sedentary   Use	s walker, cane, etc. □Use	es wheelchair		
Date of last flare up	_ Treatment			
Is the client on disability ☐Yes ☐No				
Name of Medication (prescription or otherwi	se) Dates Used	Quantity T	aken	Frequency Taken

List any other major health problems the client has:



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