

Blood Clot Questionnaire

Agent Name: _____ Phone #: _____ E-mail: _____

Client Name: _____ Date of Birth: _____ Sex: Male / Female

Height: _____ Weight: _____ State: _____ Smoker: Y / N Face Amount: _____

Type of Insurance: Universal Life Whole Life Survivorship Term (# of years _____)

1. When was the proposed insured first diagnosed? _____

2. Does the proposed insured experience any of the following symptoms? (Check all that apply.)

Swelling Warmth Pain or tenderness Redness

3. Has the proposed insured ever suffered from a pulmonary embolism? Yes No

If yes, provide details: _____

4. Provide the location, date and treatment of all blood clots:

Location	Treatment	Date

5. Is the proposed insured current taking any medication(s)? Yes No

If yes, provide name, dosage and frequency of medication(s) _____



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