EMG
Insurance Brokerage
An Insurance Designers member since 1987

ARTHRITIS QUESTIONNAIRE

Agent: _____ Phone: _____ Fax: _____

Proposed Insured Name: _____ ☐ M ☐ F Date of birth: _____

Face Amount: _____ Max. Premium: $ _____/ year ☐ UL ☐ WL ☐ Term ☐ Survivorship

Do you currently smoke cigarettes? ☐ Y ☐ N If no, did you ever smoke: ☐ Never ☐ Quit (Date): _____

Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...): ☐ Y ☐ N

If Yes, please provide details: _____

When did you last use any form of tobacco: ____ (Month) _____ (Year) Type used last: _____

Height: _____ ft. _____ in. Weight: _____ lbs.

(1) Date of Diagnosis: _____

(2) What type of arthritis has been diagnosed: _____

(3) Which tissues have been involved? Joints only - which: _____

☐ Heart ☐ Lungs ☐ Central Nervous System ☐ Other: _____

(4) Has the condition ever completely disappeared? ☐ No ☐ Yes If Yes, when did it disappear? _____

(5) If the condition has ever disappeared, has it relapsed? ☐ No ☐ Yes If it has relapsed, please give some idea of regarding the dates the condition has disappeared and reappeared. Are there any known variables that trigger the onset of the condition or can lead to remission (such as a change in climate, location, etc.):

_____

(6) Please list any other medical information that may help provide a more realistic preliminary assessment:

_____

_____

_____

_____

(7) What medication were/are being used to control the arthritis or any other condition affecting the proposed insured?

Name of medication (prescription or otherwise)	Dates used	Quantity taken	Frequency taken