Elite Marketing Group
An Insurance Designers member since 1986

STROKE (CVA) / MINI STROKE (TIA) 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(s) of Strokes (CVAs) or Mini Strokes (TIAs): _____

(2) What follow up studies were done following the reported Stroke (CVA) or Mini Stroke (TIA) (please check all that apply)?

☐ CT Scan ☐ MRI Scan ☐ Carotid ultrasound
☐ Echocardiogram ☐ Other: _____

(3) Is the proposed insured taking any medications? If yes:

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(4) Has the proposed insured been diagnosed with any of the following conditions:

☐ Hypertension? What is the most current reading? _____
☐ Elevated Cholesterol? What is the most recent reading? _____
☐ Heart Attack (MI)? Date(s): _____
☐ Diabetes? Date of diagnosis: _____ How controlled? _____ Most recent A1C test result: _____
☐ Coronary Artery Disease (CAD)? Date of diagnosis & details: _____
☐ Peripheral Vascular Disease? Date of diagnosis & details: _____
☐ Valve Disorders? Date of diagnosis & details: _____
☐ Cardiomyopathy? Date of diagnosis & details: _____
☐ Atrial Fibrillation? Date of diagnosis & details: _____

(5) Describe any symptoms experienced at the time of the Stroke (CVA) or Mini Stroke (TIA): _____

_____

(6) Describe any residual neurologic deficits or other residual effects from the Stroke (CVA): _____

_____

(7) Does the proposed insured have any other medical conditions? If yes, please describe:

_____

_____

_____