

## 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. cigars, pipe, snuff, nicotine patch, Nicorette gum...):  Y  N  
 If Yes, please provide details: \_\_\_\_\_  
 When did you last use any form of tobacco: \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) Type used last: \_\_\_\_\_

(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:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_