

ANEMIA QUESTIONNAIRE

Please fax back to IPA at 781 643-2775

Name: _____ DOB: _____

1. When was proposed insured first diagnosed with anemia? _____
2. Is there any other family member diagnosed with this disease? _____

3. What was the cause of the anemia? _____

4. What studies were completed to have this diagnosis? _____

5. Who is the proposed insured's physician? _____

6. What type of anemia does the proposed insured have? _____

7. What is the current hemoglobin and hematocrit reading? _____

8. Has the client ever had to have any blood transfusions? _____

9. How often does the client has his blood checked? _____

10. What treatment is the client undertaking currently or in past? _____

Agent Name: _____

Phone Number: _____ Fax No: _____

Date: _____ E-mail Address: _____

Please circle the associate you work with. Russ, Rhonda, Leo