



Abdominal Aortic Aneurysm

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Date of initial diagnosis _____

Has the client had any of the following:

- | | | |
|-------------------------------------|------------|------------|
| <input type="checkbox"/> Ultrasound | Date _____ | Size _____ |
| <input type="checkbox"/> CAT Scan | Date _____ | Size _____ |
| <input type="checkbox"/> Surgery | Date _____ | |

Has the aneurysm been stable in size for two or more years?

- Yes Provide details _____
 No

Is your client on any medications?

- Yes Provide details _____
 No

Are any of the following present? Check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Pain in the legs with walking | <input type="checkbox"/> Elevated cholesterol |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Coronary artery disease | <input type="checkbox"/> Cerebrovascular disease |

List any other major health problems the client has: