



Rheumatoid Arthritis

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 diagnosis _____

Select if the client has had any of the following

- ☐ Weight loss ☐ Fever ☐ Low blood counts ☐ Heart disease
☐ Lung disease ☐ Liver enzyme abnormality ☐ Kidney disease

What joints are involved _____

Select functional ability

- ☐ Fully active ☐ Sedentary ☐ Uses walker, cane, etc. ☐ Uses wheelchair

Date of last flare up _____ Treatment _____

Is the client on disability ☐ Yes ☐ No

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: