FPG
FINANCIAL PROFESSIONALS GROUP

General Purpose Health Questionnaire

Clear Form

PROPOSED LIFE INSURED

Name: **Age/DOB:** **Gender:** Male

FAMILY MEDICAL HISTORY

To your knowledge, is there any family history (parent or siblings) with onset of disease prior to age 60 due to cardiovascular disease, cerebrovascular disease, diabetes, or cancer? ☐ Yes ☐ No
If yes, provide full details with impairment, age at onset and age of death if deceased:

Father:
Mother:
Siblings:

HEALTH QUESTIONS

Height: **Weight:**

Have you had any weight change in the past 12 months? ☐ Yes ☐ No
If 'Yes' amount Loss ☐ Gain ☐
Reason:

Nicotine Use: ☐ Never ☐ No, Quit years ago ☐ Yes: Cigarettes Cigar Pipe Chew Vaporizer Marijuana

Blood Pressure and Cholesterol:

Latest BP reading: / Latest total cholesterol: mg Latest cholesterol/HDL ratio:
Are you currently taking any medication for blood pressure? ☐ No ☐ Yes, name of medication
Are you currently taking any medication to lower cholesterol? ☐ No ☐ Yes, name of medication

List any medications (prescription or non-prescription) you are taking currently.

Please Provide Details to 'Yes' answers on next page.

Within the last 10 years, have you had or been told by a member of the medical profession that you have had or have:

1. Chest pain, shortness of breath, heart murmur, Transient Ischemic Attack (TIA), stroke, irregular heart beat, or any other disease or disorder of the heart or arteries? ☐ Yes ☐ No
2. Diabetes, elevated blood sugar or glucose intolerance or disease of any glands? ☐ Yes ☐ No
3. Mental or emotional disorder, nervous breakdown, convulsions, epilepsy, paralysis or any other disorder of the brain or nervous system? ☐ Yes ☐ No
4. Arthritis, gout, or any bone, joint, muscle or skin disorder? ☐ Yes ☐ No
5. Asthma, bronchitis, pneumonia, emphysema or any lung disorder? ☐ Yes ☐ No
6. Cirrhosis, hepatitis, ulcer, colitis, diverticulitis, ileitis, or other disease of the liver, gall bladder, pancreas, stomach or intestines? ☐ Yes ☐ No
7. Prostate or testicular disease, disease of the uterus, ovaries or breasts? ☐ Yes ☐ No
8. Anemia, leukemia, clotting disorders, platelet disorders, infections, or sources of blood loss? ☐ Yes ☐ No
9. Disorder of the urinary tract or kidneys, sugar, albumin or blood in the urine? ☐ Yes ☐ No
10. Cancer or tumors of any kind, malignant or benign? ☐ Yes ☐ No
11. Any other health impairment or medically treated condition? ☐ Yes ☐ No

Within the last 5 years have you had:

12. an operation or admission to a hospital or any other health care facility for observation and/or treatment of any illness or disease? ☐ Yes ☐ No
13. any diagnostic tests (except for HIV or AIDS), including a treadmill stress test for any purpose, including insurance, whether conducted on an in-patient or out-patient basis? ☐ Yes ☐ No

Within the last 10 years have you had:

14. used amphetamines, barbiturates, cannabis (marijuana), cocaine, hallucinogens, opiates or any prescription drug except in accordance with physician's instructions? ☐ Yes ☐ No
15. been advised to limit or discontinue the use of alcohol or drugs, sought or received treatment, counseling or participated in a support group? ☐ Yes ☐ No

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DETAILS FOR 'YES' ANSWERS TO HEALTH QUESTIONS

Question No.	Date month day year	Reason and Treatment Given	Duration of Condition

Please return the completed form to your financial professional.

All quotes are tentative, and are NOT BINDING, and SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process.