FPG
FINANCIAL PROFESSIONALS GROUP

Stroke/TIA* Questionnaire

*Transient Ischemic Attack

Clear Form

Name DOB Gender Male

Desired face amount and type of coverage:	
Height and Weight:	
Date of stroke/TIA event (if multiple events, provide all dates):	
What was the underlying cause of the stroke/TIA?	☐ Atherosclerosis and/or hypertension ☐ Atrial Fibrillation ☐ Heart Valve Disease ☐ Congenital heart malformation, such as a hole in the heart ☐ Other (specify): _____
Any residual physical or neurological effects? Check all that apply:	☐ Paralysis ☐ Slurred speech ☐ Unsteady gait ☐ Double vision ☐ Other: _____
Have any tests been completed? Check all that apply:	☐ Echocardiogram (date): _____ ☐ Carotid ultrasound/Duplex (date): _____ ☐ Brain scan by CT and/or MRI (date): _____
Any history of coronary artery disease, peripheral vascular disease, or hypertension?	
Medications being taken (provide dosage and frequency):	
Has the client smoked in the last 12 months?	
Has the client ever had any other major medical conditions? Provide diagnosis date, treatment, results, etc.	

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.