

## MEDICAL HISTORY QUESTIONNAIRE: HEMOCHROMATOSIS

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tobacco Usage:

- Never  
 Former  
 Current

Date Stopped: \_\_\_\_\_

Type: \_\_\_\_\_

Coverage Information:

- Type:  Term  UL  IUL  
 WL  VUL  Survivorship

Face Amount: \_\_\_\_\_

Premium Tolerance: \_\_\_\_\_

Proposed Insured's Existing Insurance			
Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis \_\_\_\_\_

2. What organs are involved? (check all that apply)

- Liver  Pituitary  
 Heart  Joints  
 Pancreas (diabetes)

3. When was the last phlebotomy treatment? \_\_\_\_\_

4. Was a liver biopsy done?  No  Yes; please provide a copy

5. If available, please provide the most recent serum ferritin result: \_\_\_\_\_

6. Please list current medications

Name of Medication	Dosage	Reason

7. Does client have any other major health issues? (additional questionnaires may be required)

- No  Yes; please provide details \_\_\_\_\_

### Family History -

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide? If yes, use separate sheet to provide this information, including age of onset & date of death.

8. Has the proposed insured had relative(s) with any of the following:

- Parent** Age of Onset: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
 Has had:  Cancer  Diabetes  Stroke  Heart Disease  
 Committed Suicide  Other: \_\_\_\_\_

- Brother** Age of Onset: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
 Has had:  Cancer  Diabetes  Stroke  Heart Disease  
 Committed Suicide  Other: \_\_\_\_\_

- Sister** Age of Onset: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
 Has had:  Cancer  Diabetes  Stroke  Heart Disease  
 Committed Suicide  Other: \_\_\_\_\_

9. If yes to any of the above, please provide details/information: