

**The Brokerage Resource, Inc.**  
**ANEMIA QUESTIONNAIRE**

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Proposed Insured's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  M  F  
Tobacco Use:  Yes  No Amount: \_\_\_\_\_ Height: \_\_\_\_\_ Ft. In. Weight: \_\_\_\_\_  
Broker's Name: \_\_\_\_\_ Face Amount: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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Proposed Insured please answer the following:

1. When were you first diagnosed with anemia?
  2. Is there any other family member that has been diagnosed with this disease?  Yes  No  
Details:
  3. What caused the anemia?
  4. What tests were done to have the anemia diagnosed?
  5. What type of anemia do you have?
  6. What is your current hemoglobin and hematocrit reading?
  7. Have you ever had any blood transfusions?  Yes  No
  8. How often do you have your blood checked?
  9. What treatment are you receiving currently or have you received in the past?
  10. Are you on any medication(s)?  No  Yes, Name(s) and dosage(s):
  11. Date you last consulted your physician:
  12. Name and address of your physician(s):
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Date: \_\_\_\_\_ Proposed Insured's Signature: \_\_\_\_\_