Advisor Insurance Resource

(866) 942-4181 ● Fax (866) 810-9415

Client Health History

Advisor _____ Advisor Phone _____

Proposed Insured _____ Date of Birth _____ Sex _____

Height _____ Weight _____ Tobacco Use _____ Amount _____

Day Time Phone _____ Alternate Phone _____Best Time to call _____

Email Address _____ State of Residence _____

Occupation _____ Annual Income _____

Amount of Insurance _____ Type of Insurance: _____

Do you have Existing Insurance _____ Replacing existing insurance _____

Family History: (Check all that apply)	Mother	Father	Siblings
Cancer < age 60	☐	☐	☐
Heart disease < age 60	☐	☐	☐
Diabetes < age 60	☐	☐	☐

Personal Medical History: (Check all that apply)

☐ Acid Reflux	☐ Cancer (any)	☐ Epilepsy	☐ MS
☐ ADD/ADHD	☐ COPD	☐ Heart Disease	☐ Osteoporosis
☐ Alcoholism	☐ Counseling	☐ Hepatitis	☐ Skin Cancer
☐ Allergies	☐ Crohn's	☐ HIV	☐ Sleep Apnea
☐ Alzheimer's	☐ Diabetes	☐ Kidney Disease	☐ Stroke
☐ Anxiety	☐ Drug Abuse	☐ Kidney Stones	☐ Thyroid Disease
☐ Arthritis	☐ Elevated Cholesterol	☐ Liver Disease	☐ Ulcers
☐ Asthma	☐ Elevated Blood Pressure	☐ Mental Illness	☐ Vascular Disease

Please describe any checked answers above:

Please list all medications taken and/or surgeries in the last five years:

Please list any motor vehicle tickets, bankruptcy's or lawsuits within the last 5-years: