

Rheumatoid Arthritis

Visit our website www.victorson.com

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Have you ever been diagnosed with Rheumatoid Arthritis? Yes No

Date of first diagnosis _____

Have you ever experienced any of the following:

- | | | |
|---|---|---|
| <input type="checkbox"/> Weight loss | <input type="checkbox"/> Fever | <input type="checkbox"/> Low Blood Counts |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Lung Disease |
| <input type="checkbox"/> Liver Enzyme Abnormality | | |

Please indicate functional ability (Please circle those that apply)

Fully active

Sedentary

Uses Wheelchair

What have been your recent Blood Pressure readings? _____

Cholesterol _____

What Lifestyle Changes have you made to treat your illness?

The client is: Working On disability

List all current medications taken: