Transient Ischemic Attack (TIA) (Mini-Stroke)

Name	Sex M F	Date of Birth	l	
Height \	Weight	Smoker? Y	N State	
Coverage Desired?	Amount		Plan Desired?	
Have you ever been Rated o	r Declined for insurance?	If YES	Complete details p	please
Have you ever had a TIA, Mini- If YES, Complete details and			Y N	
Date of onset of condition, dura Was it associated with exercise, If more than one attack, give fro Has treatment been completed?	exertion, excitement, any oth equency, duration, and date of	of last attack		
Have you ever had a Heart Atta If YES, Complete details ple	nck, Stroke, or experienced C ease			
Have you had: Carotid Ultras Dates and Results?	sound Studies? Y N Hea			liogram Y N
Have you had a Treadmill EKG Were the results normal?	For any type of Stress Test?	If so, When?_		
What have been your recent Blo What has been your recent Cho	ood Pressure readings?			
Do you have Diabetes? Y N If YES, what medication a	When Diagnosed? re you taking?			
Do you have any Family Histor	y of Heart Disease or Diabete	es?		
What Lifestyle Changes have yo	ou made to treat your illness?			
Please list all medications being	taken:			
Do you have any other major h	ealth problems?	(example: car	ncer, etc)?	
Please also s	submit a copy of any r	recent Cath	eterizations or Str	ess Tests
Broker Submitting Questionnai	re:			
AddressPhone:	FAX:		E-mail:	
Please send completed form:	Victorson Assoc You may Fax to: (631) 20	ciates, Inc. Po	O Box 863 Smithtown	