

Nashville Brokerage

"Saving You Time, Making You Money"

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QUICK QUOTE

Hypertension

JIM BECK

www.nashvillebrokerage.com

Client Name _____ Sex _____ DOB _____ AGE _____ HT _____ WT _____ State _____

Amt. requested \$ _____ Annual Premium \$ _____ Type of Insurance UL _____ Term _____

Tobacco use No _____ Yes _____ Type _____ Amt of Insurance in force _____ Replacement _____

Occupation _____ Marital Status Single Married Divorced Widowed

Family History- Age if still living: Father _____ Mother _____ Brothers _____ Sisters _____

Any deceased? If so give relation, age and cause of death of each _____

Do you exercise regularly? Yes _____ No _____ Details _____

Date of last medical checkup _____ Date of last EKG _____ Results of EKGs _____

Are you treated for Hypertension? Yes _____ No _____ Last Blood Pressure Reading _____/_____

Are you treated for Cholesterol? Yes _____ No _____ Last Cholesterol HDL Readings _____/_____

Agent: Name _____ Phone _____ Fax _____ Email _____

Address _____ City _____ State _____ Zip _____

1 Date Hypertension diagnosed?

2 Current BP Reading _____ Highest Reading _____

Type of Treatment _____

3 Does applicant have a history of elevated Cholesterol?

Current Cholesterol Reading _____ HDL _____

Highest Cholesterol reading _____

4 Has applicant had an Electrocardiogram within past year?

_____ Results if known _____

Stress Test or Nuclear Stress Test within past year? _____

Results of Stress Test _____

5 What are applicants Height and Weight? _____

6 Has the client had a standard medical checkup within the past year? _____ Results? _____

7 List any other illnesses or impairments along with all meds taken. Include dosage and frequency. Complete any other Quick Quote forms.

