CEREBRAL VASCULAR and NEUROLOGICAL QUESTIONNAIRE

Proposed Insured's Name: DOB: Sex: ☐ M ☐ F

Tobacco Use: ☐ Yes ☐ No Amount: Height: Ft. In. Weight:

Broker's Name: Face Amount:

BGA: Phone: Fax:

Proposed Insured please answer the following:

1. Indicate what you have been diagnosed with:

☐ Amnesia
☐ Tremor
☐ Parkinson's Disease
☐ Dementia
☐ Other:
☐ Stroke (Cerebral Vascular Accident / CVA)
☐ Transient Ischemic Attack (TIA or "mini-stroke")
☐ Organic Brain Syndrome
☐ Alzheimer's Disease

2. Please give date(s) of diagnosis and occurrence(s):

Date: Details:

Date: Details:

Date: Details:

3. Have any special tests or studies been done (i.e. CAT scan, MRI, Stress Test)?
☐ No ☐ Yes, Details:

4. Have or do you require assistance on a regular basis? ☐ No ☐ Yes, Details:

5. Are you fully recovered? ☐ No ☐ Yes, Details:

6. Do you have any other major health problems?

7. Are you on any medication(s)? ☐ No ☐ Yes, Name(s) and dosage(s):

8. Date you last consulted your physician:

9. Name and address of your physician(s):

Underwriter's Notes:

Date: __________ Proposed Insured's Signature: __________