

Lyme Disease Questionnaire

Agent Name: _____ Phone #: _____ E-mail: _____
Client Name: _____ Date of Birth: _____ Sex: Male / Female
Height: _____ Weight: _____ State: _____ Smoker: Y / N Face Amount: _____
Type of Insurance: Universal Life Whole Life Survivorship Term (# of years)

1. When was the proposed insured first diagnosed with Lyme Disease? _____

2. What stage of Lyme Disease has been diagnosed?

 Stage 1 – Early Stage 2 – Disseminated Stage 3 – Late/Chronic

3. Does the proposed insured experience any of the following symptoms? (Check all that apply.)

<u> </u> Fatigue	<u> </u> Headache and stiff neck
<u> </u> Fever and chills	<u> </u> Muscle and joint pain
<u> </u> Swollen lymph nodes	<u> </u> Paralysis of facial muscles
<u> </u> Meningitis	<u> </u> Abnormal heart rate
<u> </u> Chronic Lyme arthritis	<u> </u> Memory loss/difficulty concentrating
<u> </u> Chronic pain	<u> </u> Other: _____

4. Is the proposed insured disabled as a result of this condition? Yes No
If yes, provide details monthly disability income: _____

5. Does the proposed insured being treated for any other health conditions? Yes No
If yes, provide details: _____

6. Is the proposed insured current taking any medication(s)? Yes No
If yes, provide name, dosage and frequency of medication(s) _____

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