

Rheumatoid Arthritis 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? _____

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

 Pain, stiffness, swelling in joints Depression Fatigue

3. What tissues have been involved? (Check all that apply.)

 Joints only Heart Lungs Central Nervous System

4. Have the symptoms ever completely disappeared? Yes No

If yes, when did they reappear? _____

5. How has the proposed insured been treated?

<u> </u> Anti-inflammatory drugs	Date: _____
<u> </u> Topical Pain Relievers	Date: _____
<u> </u> Corticosteroids	Date: _____
<u> </u> Narcotic Pain Relievers	Date: _____
<u> </u> Methotrexate, Imuran or Cytoxan	Date: _____
<u> </u> Remicaid, Arava, Enbrel, Humira	Date: _____
<u> </u> Apheresis	Date: _____
<u> </u> Other: _____	

6. Is the proposed insured disabled as a result of this condition? Yes No

If yes, provide details: _____

7. 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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