

## MEDICAL HISTORY QUESTIONNAIRE: SICKLE CELL ANEMIA

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tobacco Usage: \_\_\_\_\_ Coverage Information: \_\_\_\_\_

Never Type:  Term  UL  Survivor

Former Date Stopped: \_\_\_\_\_ Face Amount: \_\_\_\_\_

Current Type: \_\_\_\_\_ Coverage Amount: \_\_\_\_\_

Anticipated Premium: \_\_\_\_\_

### Proposed Insured's Existing Insurance

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis: \_\_\_\_\_

2. What type of sickle cell anemia does the client have?  Sickle Cell (SS)  Sickle Cell Trait (SA)  
 Sickle Cell (CS)  Hemoglobin C

3. Is there a history of complications?  No  Yes; check those that apply & give date of last episode.

Painful Crisis Date: \_\_\_\_\_

Aseptic Necrosis of Bones Date: \_\_\_\_\_

Leg Ulcers Date: \_\_\_\_\_

Lung Scarring Date: \_\_\_\_\_

Thrombosis Date: \_\_\_\_\_

Enlarged Heart Date: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_

4. What is the current hemoglobin? \_\_\_\_\_

5. Please list current medications

Name of Medication	Dosage	Reason

6. Are there any other health problems? (additional questionnaires may be required)  Yes  No

If yes, please provide details:

**FAMILY HISTORY (ADDENDUM)**

7. Has the proposed insured had relative(s) with any of the following:

Parent  
Has had:  Cancer  Diabetes  Heart Disease  
 Committed Suicide  Stroke  Other: \_\_\_\_\_  
Age of Onset: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Brother  
Has had:  Cancer  Diabetes  Heart Disease  
 Committed Suicide  Stroke  Other: \_\_\_\_\_  
Age of Onset: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Sister  
Has had:  Cancer  Diabetes  Heart Disease  
 Committed Suicide  Stroke  Other: \_\_\_\_\_  
Age of Onset: \_\_\_\_\_ Date of Death: \_\_\_\_\_

8. If yes to any of the above, please provide details/information: