

PAMELA DEVOS, CBC-AGENT
PJDEVOS@TX.RR.COM
PHONE: 972-335-2134
FAX: 972-377-8780

MEDICAL QUESTIONNAIRE FOR INDIVIDUALS AND OR FAMILIES

COMPLETE THE FOLLOWING QUESTIONS FOR YOU AND YOUR DEPENDENTS.

1. HOW MANY FAMILY MEMBERS HAVE HAD A CLAIM OF \$5000 OR MORE IN THE PAST 12 MONTHS? _____

2. HOW MANY FAMILY MEMBERS HAVE BEEN ADVISED TO HAVE SURGERY OR MEDICAL TREATMENT IN THE PAST 6 MONTHS THAT HAS NOT YET BEEN PERFORMED, OR BEEN HOSPITALIZED OR HAD SURGERY IN THE PAST 3 YEARS? _____

3. HOW MANY FAMILY MEMBERS HAVE BEEN ADVISED, DIAGNOSED, OR TREATED BY A PHYSICIAN IN THE PAST 5 YEARS FOR:

(ENTER THE NUMBER OF FAMILY MEMBERS WITH THE CONDITION AND PROVIDE DETAILS ON THE NEXT PAGE.)

- | | | |
|----|--|------------------------------------|
| A. | _____ Stroke | _____ Heart Disease or Disorder |
| | _____ Circulatory Disease or Disorder | _____ Vascular Disease or Disorder |
| | _____ High Blood Pressure | |
| B. | _____ Cancer | _____ Tumors |
| | _____ Leukemia | _____ Lupus |
| | _____ Chronic Skin Condition | _____ Any other Systematic Disease |
| C. | _____ Multiple Sclerosis | _____ Paralysis |
| | _____ Osteoarthritis | _____ Other Severe Arthritis |
| | _____ Joint Disorders | _____ Back Disorders |
| | _____ Muscle Disorders | _____ Bone Disorders |
| D. | _____ Asthma | _____ Emphysema |
| | _____ Respiratory and Lung Disorders | |
| E. | _____ Diabetes | _____ Pancreas |
| | _____ Growth Disorders | _____ Endocrine Disorders |
| F. | _____ AIDS | _____ Tested Positive for HIV |
| | _____ Immune System Disorders | _____ Blood Disorders |
| G. | _____ Hepatitis | _____ Liver Disorders |
| | _____ Digestive System Diseases or Disorders | _____ Colon Disorders |
| | _____ Kidney Disorders | _____ Prostate Disorders |
| | _____ Reproductive Organs Disorders | _____ Infertility |
| | _____ Urinary Tract Disorders | |
| H. | _____ Nervous System/ Brain/Seizure Disorders | _____ Mental/Emotional Disorders |
| | _____ Alcohol/Drug/Substance Abuse or Dependency | |
| I. | _____ Organ Transplant | _____ Bone Marrow Transplant |
| J. | _____ Other | |

4. HOW MANY FAMILY MEMBERS ARE CURRENTLY PREGNANT? _____

