



J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

Abdominal Aortic Aneurysm - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a history of Abdominal Aortic Aneurysm, please answer the following:

1. Please list date of initial diagnosis: _____

2. Has your client had any of the following tests or treatment?

(if yes, please note dates and size if appropriate)

ultrasound _____ (date) _____ (size)

CAT Scan _____ (date) _____ (size)

surgery _____ (date)

3. Has the aneurysm been stable in size for 2 or more years? Is your client on any medication

yes, please give details _____

no

4. Are any of the following present (check all that apply)

pain in the legs with walking

elevated cholesterol

hypertension

diabetes

coronary artery disease

cerebrovascular disease

5. Is your client on any medication

yes, please give details _____

no

6. Has your client smoked cigarettes in the last 12 months?

yes, please give details _____

no

7. Does your client have any other major health problems (ex: cancer, etc.)?

yes, please give details _____

no