



# J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

## Carotid Artery Disease Ultrasound - Ask "Rx" pert underwriter (ask our experts)

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client has carotid disease, please answer the following:

1. Please list date when first diagnosed: \_\_\_\_\_

2. Is your client on medication

yes, please give details \_\_\_\_\_

no

3. Has your client had a stroke on TIA (transient ischemic Attack)?

If yes, when \_\_\_\_\_

4. Does your client have any current neurological residual

yes, please give details \_\_\_\_\_

no

5. Has your client smoke cigarettes in the last 12 month

yes

no

6. Please check if your client has had any of the followin

high blood pressure  diabetes

high cholesterol  peripheral vascular disease

coronary artery disease

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

yes, please give details \_\_\_\_\_

no