



J.L. Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

Clots and Emboli - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a history of clots or emboli, please answer the following:

1. Please list date of diagnosis: _____
2. Please note type of treatment
 Coumadin Hospitalization _____ (date)
 Aspirin Heparin
3. Was there a Thromboembolic event?
 MI DVT Other
 CVA PE None
4. Has there been any evidence of recurrence
 yes, please give details _____
 no
5. Is your client on any medication
 yes, please give details _____
 no
6. Has your client smoked cigarettes in last 12 months
 yes
 no
7. Does your client have any other major health problems (ex: cancer, etc.)?
 yes, please give details _____
 no