



J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

Eating Disorders - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a history of Eating Disorders, please answer the following:

1. Please list the diagnosi

- anorexia nervosa
- bulimia nervosa

2. Please indicate the number of episodes and date of last episode/recover

3. Please note current Height _____ and eight _____

4. Has weight remained stable for at least 1 yea

- yes, please give dates _____
- no

5. Is your client on any medication

- yes, please give details _____
- no

6. Has your client been hospitalized for treatment of a Eating Disorder

- yes, please give dates _____
- no

7. Does your client have a history of any of the following associated conditions?

(check all that apply)

- substance abuse (alcohol or drugs)
- Personality disorder
- Psychotic disorder
- Suicidal thought/attempt
- Depression
- Anxiety disorder

8. Has your client smoked cig ettes in the last 12 months?

- yes, please give details _____
- no

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

- yes, please give details _____
- no