



# J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

## Hypercoagulable Clotting Disorders - Ask "Rx" pert underwriter (ask our experts)

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

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

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

1. Please list date of diagnosis: \_\_\_\_\_

2. Please note type of treatment:

- Coumadin                       Hospitalization \_\_\_\_\_ (date)
- Aspirin                               Heparin

3. as 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 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