



J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

Rheumatoid Arthritis - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a history of Rheumatoid Arthritis, please answer the following:

1. Please list date of first diagnosis _____
2. Is your client on any medication
 - yes, please give details _____
 - no
3. Please check if your client has had any of the followin

<input type="checkbox"/> weight loss	<input type="checkbox"/> lung disease
<input type="checkbox"/> fever	<input type="checkbox"/> liver enzyme abnormality
<input type="checkbox"/> low blood counts	<input type="checkbox"/> kidney disease
<input type="checkbox"/> heart disease	
4. Which joints are involved? _____
5. Please check functional abilit
 - fully active
 - sedentary
 - uses walker, cane, etc.
 - uses wheelchair
6. Has your client smoked cigarettes in the last 12 month
 - yes
 - no
7. Does your client have any other major health problems (ex: canc , etc.)?
 - yes, please give details _____
 - no