



J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

Sickle Cell Anemia - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has sickle cell anemia, please answer the following:

1. What is the age of the client: _____

2. What type of sickle cell anemia does your client have?

- sickle cell anemia (SS)
- sickle cell (SC)
- sickle cell trait (SA)
- hemoglobin C

3. Is there a history of complication

- yes
- no

4. If yes, check those that apply and give the date of the last episode.

- painful crisis
- aseptic necrosis of bones
- leg ulcers
- lung scar ring
- thrombosis
- enlarged heart
- other

5. What is the current hemoglobin? _____

6. Are there other medical condition

- yes
- no

if yes, please list: _____

7. Is your client on any medications (prescription and/or non-prescription

- yes, please give details _____
- no

8. Does your client smoke cigarettes?

- yes
- no