



J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

CVA/Stroke - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a history of CVA/Stroke, please answer the following:

1. Please list date(s) of CVA(s): _____

2. Is your client on any medication

yes, please give details _____

no

3. Does your client have any current neurological residual

yes, please give details _____

no

4. Has your client smoked cigarettes in the last 12 month

yes

no

5. Please check if your client has any of the followin

high blood pressure

diabetes

high cholesterol

peripheral vascular disease

coronary artery disease

heart murmur

atrial fibrillation

carotid disease

6. Does your client have any other major health problems (ex: canc , etc.)?

yes, please give details _____

no