



J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

TIA - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has had a Transient Ischemic Attack, please answer the following:

1. Please list date(s) of the TIA(s): _____
2. ere any of the following studies completed?
 - carotid ultrasound _____ (date)
 - head CT scan or MRI scan _____ (date)
 - echocardiogram _____ (date)
3. Is your client on any medication
 - yes, please give details _____
 - no
4. Please check if your client has had any of the followin
 - elevated cholesterol stroke
 - diabetes heart attack
 - high blood pressure peripheral vascular disease
 - coronary artery disease
5. Has your client smoked cigarettes in the last 12 month
 - yes
 - no
6. Has surgery ever been done on the carotid artery(ies)
 - yes, please give details _____
 - no
7. Please give the date and result of the most recent blood pressure readin

8. Does your client have any other major health problems (ex: canc , etc.)?
 - yes, please give details _____
 - no