



J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

Abdominal Aortic Aneurysm - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a history of Abdominal Aortic Aneurysm, please answer the following:

1. Please list date of initial diagnosis: _____
2. Has your client had any of the following tests or treatment?
(if yes, please note dates and size if appropriate)
 - ultrasound _____ (date) _____ (size)
 - CAT Scan _____ (date) _____ (size)
 - surgery _____ (date)
3. Has the aneurysm been stable in size for 2 or more years? Is your client on any medication?
 - yes, please give details _____
 - no
4. Are any of the following present (check all that apply)?
 - pain in the legs with walking
 - elevated cholesterol
 - hypertension
 - diabetes
 - coronary artery disease
 - cerebrovascular disease
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