



## J.L. Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

### Clots and Emboli - Ask "Rx" pert underwriter (ask our experts)

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client has a history of clots or emboli, please answer the following:

1. Please list date of diagnosis: \_\_\_\_\_
2. Please note type of treatment:  
 Coumadin     Hospitalization \_\_\_\_\_ (date)  
 Aspirin       Heparin
3. Was there a Thromboembolic event?  
 MI             DVT             Other  
 CVA           PE               None
4. Has there been any evidence of recurrence?  
 yes, please give details \_\_\_\_\_  
 no
5. Is your client on any medication?  
 yes, please give details \_\_\_\_\_  
 no
6. Has your client smoked cigarettes in last 12 months?  
 yes  
 no
7. Does your client have any other major health problems (ex: cancer, etc.)?  
 yes, please give details \_\_\_\_\_  
 no