



Diversified Marketing Group, Inc.

ANEMIA QUESTIONNAIRE

Proposed Insured's Name: _____ DOB: _____ Sex: M F
Tobacco Use: Yes No Amount: _____ Height: _____ Ft. In. Weight: _____
Broker's Name: _____ Face Amount: _____
BGA: _____ Phone: _____ Fax: _____

Proposed Insured please answer the following:

1. When were you first diagnosed with anemia?
2. Is there any other family member that has been diagnosed with this disease? Yes No
Details:
3. What caused the anemia?
4. What tests were done to have the anemia diagnosed?
5. What type of anemia do you have?
6. What is your current hemoglobin and hematocrit reading?
7. Have you ever had any blood transfusions? Yes No
8. How often do you have your blood checked?
9. What treatment are you receiving currently or have you received in the past?
10. Are you on any medication(s)? No Yes, Name(s) and dosage(s):
11. Date you last consulted your physician:
12. Name and address of your physician(s):

Underwriter's Notes:

Date: _____ Proposed Insured's Signature: _____