

Build - Ask 'Rx' part underwriter  
our experts)

# Build Questionnaire

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

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

If your client has had CAD, please answer the following

1. Please list your client's current build: height \_\_\_\_\_ weight \_\_\_\_\_

2. Has your client's weight changed in the past year?

yes, increase \_\_\_\_\_ lbs. decrease \_\_\_\_\_ lbs.

no

3. Has your client ever had any weight reduction surgery?

yes, please give details \_\_\_\_\_

no

4. Please check if your client has had any of the following:

coronary artery disease

diabetes

high blood pressure

elevated cholesterol or triglycerides (lipid levels)

5. Is your client on any medications?

yes, please give details \_\_\_\_\_

no

6. Has your client smoked cigarettes in the last 12 months?

yes, please give details \_\_\_\_\_

no

7. Has a stress electrocardiogram (treadmill test) been completed within the past year?

yes; normal \_\_\_\_\_ (date)

yes; abnormal \_\_\_\_\_ (date)

no

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

yes, please give details \_\_\_\_\_

no