Aplastic Anemia Questionnaire

Name: ________________________ Date of Birth: _______________________

Height: ________ Weight: _________ Sex: M/F

Tobacco Usage: _________________ Face Amount: ______________________

___Term 10 15 20 30 __UL

1. When was the proposed insured diagnosed? ____

2. Does the proposed insured experience any of the following symptoms: (Check all that apply)

___Headache ___Dizziness ___Nausea ___Shortness of breath
___Bruising ___Fatigue ___Blood in stool ___Nosebleeds
___Fevers ___Oral Thrush ___Enlarged Liver ___Enlarged Spleen

3. Is the proposed insured currently receiving, or has received in the past, any of the following treatments? (Check all that apply):

___Blood Transfusion ___Preventive antibiotic therapy ___Medications
___Immunosupprsive therapy ___Bone Marrow Transplant ___Hormone Therapy
___ Other

Details: ____
____
____

4. Is the insured currently in remission? ___Yes ___No
(If yes, please provide date of remission): ____

5. Does the proposed insured know the results of their most recent CBC? ___Yes ___No
(If yes, please provide results below):
RBC: ________ HGB __________ WBC: _______ Platelets: _____

6. Is the proposed insured taking medication for this condition or any other? ___Yes ___No
(If yes, please provide the name, dosage, and frequency): __________________________________
____
____
____

BSI (800) 229-9020 Local (301) 540-8484 Fax (301) 540-8787