



# Aneurysm Questionnaire

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex M/F

Tobacco Usage: \_\_\_\_\_

Face Amount: \_\_\_\_\_

State of Residence: \_\_\_\_\_

\_\_\_Term 10 15 20 30 \_\_\_UL

1. When was the aneurysm diagnosed? \_\_\_\_\_

2. What type of aneurysm was diagnosed?

\_\_\_Aortic aneurysm

\_\_\_Cerebral aneurysm

\_\_\_Ventricular aneurysm

\_\_\_Atrial aneurysm

\_\_\_Cirroid aneurysm

3. How was the aneurysm treated? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Is the proposed insured currently being treated for hypertension? \_\_\_Yes \_\_\_No

(If yes, what is your average blood pressure reading)? \_\_\_\_\_

5. Is the proposed insured taking medication for this condition or any other? \_\_\_Yes \_\_\_No

(If yes, please provide the name, dosage, and frequency): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_