



Hemophilia 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 proposed insured diagnosed with this condition? _____

2. What type of hemophilia does the proposed insured have?
___Hemophilia A ___Hemophilia B

3. What classification of hemophilia has been diagnosed?
___ **Mild hemophilia:** (Clotting factor VIII or clotting factor IX level is 5% of normal or greater. Mild hemophilia might not be recognized unless there is excessive bleeding after a major injury or surgery)
___ **Moderate hemophilia:** (Clotting factor VIII or clotting factor IX level is 1% to 5% of normal. Bleeding usually follows a fall, sprain, or strain)
___ **Severe hemophilia:** (Clotting factor VIII or clotting factor IX level is less than 1% of normal. Bleeding often happens one or more times a week for no apparent reason spontaneously)

4. How is, the proposed insured, being treated for this condition?

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

