



Stickler Syndrome Questionnaire

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M/F

Tobacco Usage: _____

Face Amount: _____

____Term 10 15 20 30

____UL

1. When was Stickler Syndrome diagnosed? _____

2. What type of Stickler Syndrome has been diagnosed?

____Stickler Syndrome Type I

____Stickler Syndrome Type II

____Stickler Syndrome Type III

3. What Symptoms does the proposed insured experience: (Check all that apply)

____Eyes (____Myopia ____Cataracts ____Glaucoma)

____Bones and Joints (____Stiff joints ____Early joint disease)

____Mouth (____Cleft Palate ____Micrognathia)

____Facial Characteristics

____Ears (____Hearing Loss)

____Other (____Scholiosis ____Mitral Valve Prolapse)

4. How is the proposed insured being treated? _____

5. Is the proposed insured taking any medication for this condition or any other? ____Yes ____No

(If yes, please provide name, dosage, and frequency)
