



Osteoporosis Questionnaire

Agent Name: _____ Phone #: _____ (_____)

Agent E-mail: _____

Client Name: _____ Date of Birth: _____

Sex: Male / Female Height: _____ Weight: _____ State: _____ Smoker: Yes / No

Face Amount: \$ _____ Type of Insurance: UL WL SUL Term (# of years _____)

1. When was the proposed insured first diagnosed with osteoporosis? _____

2. Has the proposed insured had a bone density test (BMD)? Yes No

If yes, when was the test? _____

T-Scores? _____

3. Has the proposed insured ever experienced any of the following? (Check all that apply.)

Fractures Details & Date: _____

Spinal compression fractures Details & Date: _____

Low back and/or neck pain Details & Date: _____

4. Is the proposed insured currently taking any medication(s)? Yes No

If yes, provide name, dosage and frequency of medication(s) _____

FAX or E-MAIL to Donna Winterstine at 301-355-0429 / dwinterstine@bsibroker.com