



Thalassemia 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 with Thalassemia? _____

2. What type of Thalassemia has been diagnosed?

___Thalassemia Major

___Thalassemia intermedia

___Thalassemia minor

3. Does the proposed insured experience any of the following symptoms?

(Check all that apply)

___Anemia ___Pallor ___Fatigue ___Weakness ___Blood in Urine ___Shortness of breath

___Jaundice ___Enlarged Spleen ___Enlarged Liver ___Skull deformity ___Mongoloid facies

___Heart Enlargement

4. How is the proposed insured being treated? _____

5. Is the proposed insured currently taking any medication for this condition, or any other?

If yes, please provide name, dosage and frequency:
