

Cenco Insurance Marketing Corporation
 1501 El Camino Avenue • Suite 1 • Sacramento • CA • 95815
 (916) 920-5251 • (800) 452-3626 • FAX (916) 920-8734



Questionnaire For: Blood Pressure & Cholesterol

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: _____ Phone #: _____
 Proposed Insured: _____ Date of Birth: ___/___/___
 Male () Female () Height _____ Weight _____ Smoker () Non Smoker ()
 Amount of Coverage \$ _____ Product Type _____

1. Date of onset of B/P: _____ Highest readings: _____ Date: _____
 Current reading: _____ Date: _____

2. Provide details of medication: Type: _____
 Dosage: _____
 Frequency: _____

3. Any other health problems related to B/P (diabetes, kidney or heart)?

4. Date of cholesterol diagnosis: _____ Highest count: _____ Date: _____
 Current count: _____ Date: _____

5. Provide details of any related treatment or medication:

FAMILY HISTORY

Family Member	Age If Living	State of Health or Cause of Death	Age at Death
Father			
Mother			
Siblings			