Cenco Insurance Marketing Corporation
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Questionnaire For: Stroke

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. Please list date of client's first stroke:

   Month_____ Year_____

2. Please list date of client's last stroke:

   Month_____ Year_____

3. Please note number of strokes suffered during the past 24 months:

   ( ) None ( ) One ( ) Two ( ) Three

4. Has client ever had carotid artery surgery as the result of a stroke?

   ( ) No ( ) Yes Date: Month _____ Year _____

5. As a result of stroke, does client have any residual neurological deficits?

   ( ) None ( ) Slurred speech ( ) Loss of use or restricted limb movement

   ( ) Other impairment: _____

6. Approximate date of the last stress EKG:

   ( ) Within the last 6 months ( ) 6 months to a year ago ( ) More than a year ago

7. List any other illnesses or impairments (complete any other questionnaires that may apply) along with all meds and vitamins taken (include dosage and frequency):

_____
_____
_____