# MEDICAL HISTORY QUESTIONNAIRE: ANEMIA

Client Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female Height: _____ Weight: _____

Tobacco Usage:

☐ Never
☐ Former Date Stopped: _____
☐ Current Type: _____

Coverage Information:

Type: ☐ Term ☐ UL ☐ IUL ☐ WL ☐ VUL ☐ Survivorship

Face Amount: _____

Premium Tolerance: _____

| Proposed Insured's Existing Insurance | | | |
|---|---|---|---|
| Insurance Company | Face Amount | Year Issued | Replacement (Yes/No) |
| | | | |
| | | | |
| | | | |

1. Type of Anemia?

☐ Sickle Cell (Select Type)
- ☐ Sickle cell B0 or B+
- ☐ Sickle cell trait
- ☐ hgb C

☐ Iron deficiency

☐ Hemorrhagic

☐ Sideroblastic ☐ Inherited ☐ Acquired

☐ Hemolytic ☐ Inherited ☐ Acquired

☐ Thalassemia ☐ Inherited ☐ Acquired

☐ Chronic Disease

2. Diagnosis date: _____

3. Select any Complications the client has experienced:

☐ Necrosis of bones ☐ Leg ulcers ☐ Lung scarring ☐ Blood clots
☐ Enlarged heart ☐ Kidney problem ☐ Blood transfusion ☐ Liver or spleen

4. Current Lab Values

Current hgb (hemoglobin) _____
Current hct (hematocrit) _____
Current rbc (red blood cells) _____

5. Please list current medications

| Name of Medication | Dosage | Reason |
|---|---|---|
| | | |
| | | |
| | | |

6. Does client have other major health issues? (additional questionnaires may be required) ☐ Yes ☐ No

If yes, please provide details: