



Aneurysm Questionnaire

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex M/F

Tobacco Usage: _____

Face Amount: _____

State of Residence: _____

___Term 10 15 20 30 ___UL

1. When was the aneurysm diagnosed? _____

2. What type of aneurysm was diagnosed?

___Aortic aneurysm

___Cerebral aneurysm

___Ventricular aneurysm

___Atrial aneurysm

___Cirroid aneurysm

3. How was the aneurysm treated? _____

4. Is the proposed insured currently being treated for hypertension? ___Yes ___No

(If yes, what is your average blood pressure reading)? _____

5. Is the proposed insured taking medication for this condition or any other? ___Yes ___No

(If yes, please provide the name, dosage, and frequency): _____
