

Idiopathic Thrombocytopenic Purpura 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? _____

2. Has proposed insured experience any of the following: (Check all the apply)

____ Upper Respiratory Infection ____ Bruising ____ Gastrointestinal Bleeding
____ Intracerebral hemmorage ____ Stroke

3. When did the proposed insured have their last CBC? _____

4. What is the proposed insured's most recent platelet count? _____

5. How has/is the proposed insured being treated? (Check all that apply)

____ Medication. Please provide name, dosage and frequency: _____

____ Intravenous Immunoglobulin (IVIG). Please provide frequence and dates administered:

