MRW FINANCIAL BROKERAGE

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Cerebral Vascular and Neurological Questionnaire

Agent Name_____ Phone _____

Email Address _____

Applicant Last Name _____ Date of Birth _____

Sex ◯ Male ◯ Female Height/Weight _____ / _____

Occupation _____ Ever use nicotine products? Select One

If yes, check type and list date last used: Select One ☐ Other: _____

Date last used _____ Frequency per month _____

Product Applying for: ☐ Term ☐ Universal Face Amount _____

1. Indicate condition (s) you have been diagnosed with and provide date of diagnosis: (check all that apply)
   - ☐ Amnesia_____ ☐ Stroke (Cerebral Vascular Accident / CVA_____
   - ☐ Tremor_____ ☐ Transient Ischemic Attack (TIA or "mini-stroke") _____
   - ☐ Parkinson's Disease_____ ☐ Organic Brain Syndrome_____
   - ☐ Dementia_____ ☐ Alzheimer's Disease_____
   - ☐ Other:_____
2. Have any special tests or studies been done (i.e. CAT scan, MRI, Stress Test)? ◯ No ◯ Yes
   If yes indicate test and date performed :_____
3. Have or do you require assistance on a regular basis? ◯ No ◯ Yes
   If yes, please provide details: _____
4. Are you fully recovered? ◯ No ◯ Yes
   If no, provide details: _____
5. Do you have any other major health problems? ◯ No ◯ Yes
   If yes provide details: _____
6. Are you on any medication(s)? ◯ No ◯ Yes
   If yes, name(s) and dosage(s): _____
7. Date you last consulted your physician:_____
8. Additional Comments:

   _____

   _____

Please fax this form to MRW Financial Inc. 813-875-7331 or email to marie@mrwfinancial.com