MRW FINANCIAL BROKERAGE

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Peripheral Vascular Disease/Neuropathy Questionnaire

Agent Name_______________________________________ Phone ___________________________

Email Address ____

Applicant Last Name _________________________________ Date of Birth _______________________

Sex ☐ Male ☐ Female Height/Weight __________ / ___________

Occupation _______________________________________ Ever use nicotine products? _____________

If yes, select type : ☐Cigarettes ☐ Cigar ☐ Chewing tobacco ☐ Other: ______________________________

Date last used ______________________________________ Frequency per month ________________

Product Applying for: ☐ Term ☐ Universal Face Amount ______________________

1. Have you been diagnosed with any of the following:
   Peripheral vascular disease
   ASP (Arterio Sclerosis Obliterans)
   Aneurysm: Absominal Vascular
   Leriche's Syndrome
   Claudication
   Other disorder of the circulatory system:________________

2. When were you diagnosed? ____
3. What were your first symptoms? ____
   ____
4. Please indicate tests that have been completed to give you this diagnosis?

Name of Test	Date	Results

5. Have any of the following surgeries been suggested or done?
   Aorto Femoral Bypass (Leg Vessels)
   Endarterectomy (clean arteries)
   Aneurysmotomy (repaid of an aneurysm)
   Other surgical procedure, details: ____
6. What was the outcome of the surgery? ____
7. Do you have any other major health problems? ____
8. Are you on any medications? ____
9. Date you last consulted your physicians: ____
10. Additional Comments:
   ____
   ____

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