

Client details

Lead type: Quote Request

In the last five years have you been prescribed medication or treated for any of the following?

- | | |
|---------------------------------------|---------------------------|
| - Anxiety / Depression | - AIDS / HIV |
| - Cancer | - Diabetes |
| - Heart Disease | - Stroke / TIA |
| - Kidney Disease | - Liver Disease |
| - ALS (Amyotrophic Lateral Sclerosis) | - MS (Multiple Sclerosis) |
| - Drug Abuse | - Alcohol Abuse |

Answer: No

Have you participated in any of these activities in the past two years?

- | | |
|----------------|---------------|
| - Hang gliding | - Skydiving |
| - Racing | - Ballooning |
| - Para-Chuting | - Heli-Skiing |

Answer: No

Have you, or anyone in your immediate family, had a history of either of the following prior to age 60?

- | | |
|---------------------------|--|
| - Heart attack | - Cancer (Other than basal or squamous cell carcinoma) |
| - Coronary Artery Disease | - Stroke or Transient Ischemic Attack |

Answer: No
