

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

**Answer:** Yes

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

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

**Answer:** Yes

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

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

**Answer:** No

## Beneficiaries

| # | First name | Last name | Relationship | Perc(%) |
|---|------------|-----------|--------------|---------|
| 1 | FName 1    | LName 1   | Child        | 100     |