

Client details

Lead type: Quote Request

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

1. Anxiety / Depression

No

2. AIDS / HIV

No

3. Cancer

No

4. Diabetes

No

5. Heart Disease

No

6. Stroke / TIA

No

7. Kidney Disease

No

8. Liver Disease

Yes

9. ALS (Amyotrophic Lateral Sclerosis)

No

10. MS (Multiple Sclerosis)

No

11. Drug Abuse

Yes

12. Alcohol Abuse

Yes

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

1. Hang gliding

No

2. Skydiving

No

3. Racing

No

4. Ballooning

No

5. Para-Chuting

No

6. Heli-Skiing

Yes

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

1. Heart attack

No

2. Cancer (Other than basal or squamous cell carcinoma)

No

3. Coronary Artery Disease

No

4. Stroke or Transient Ischemic Attack

Yes
