

GENERAL HEALTH QUESTIONNAIRE



EMG
Insurance Brokerage

QUOTE REQUEST FORM

CLIENT INFORMATION

Full Name:

Date of Birth:

Age:

Gender:

Height:

Weight:

POLICY DETAILS

Type of Policy:	What Type of Permanent Policy?	Policy Face Amount:
Term	Universal Life	SUL
Permanent	IUL	Whole Life
	GUL	

MEDICAL HISTORY

Do you have a history of any of the following? (Check all that apply)

Elevated Cholesterol

Elevated Blood Pressure

Heart Arrhythmias (no Heart Disease)

Heart Disease (CAD)

Cancer (including Skin Cancer)

Elevated Blood Sugar (Diabetes)

Alcohol and /or Drug Abuse

Respiratory / Lung Disorder

Elevated Liver Enzymes

Stroke / TIA

Sleep Apnea

Hepatitis

Anxiety / Depression

Digestive / Gastrointestinal Disorder

Chronic Migraines

Chronic Pain

For boxes checked above, list date diagnosed and types of treatment, include medications:

Current age (if living):	List the age at diagnosis and specify the type of heart disease, cancer, diabetes, or stroke:	Age at death:	Cause of death:
Father			
Mother			
Sibling			
Sibling			
Sibling			

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	Daily	Monthly	Annually	Date Last Used	Still Use?
Cigarettes					
Cigar					
Smokeless					
Patch/ Gum/Other					
Marijuana/ THC/ CBD					

PERSONAL ACTIVITIES

Do you participate in any of the following?(check all that apply)

Scuba Diving

Mountain Biking

Aviation (Pilot)

Active Military

Sky Diving

Rock Climbing

Missionary Work

Foreign Travel outside the
U.S. or Canada

How many moving violations or traffic infractions (such as speeding tickets or license suspensions) have you received in the last 3 years?

Have you ever had a DUI?

Yes

No

Agent Name:

Agent Phone:

Agent Email:

Agent NPN:

Send to completed form to Kristy Fulton

Email: kfulton@emgbrokerage.com

Fax: (713) 574-2756

Phone: (713) 507-1035