

# Iron Deficiency – Tired Blood Questionnaire



Submit This Form with your application for better informed underwriting

## Client Information

<b>Client Name:</b>					
<b>DOB:</b>	<b>Gender</b>	<b>Height</b>	<b>Weight</b>	<b>Marital Status</b>	
<b>Occupation &amp; Length of Employment:</b>					
<b>Tobacco Use</b>	Never Used	Totally Stopped		Current User	
		<b>Date Stopped</b>		<b>Type Used</b>	
<b>Type of Coverage</b>	Term	UL	Survivor	<b>Amount \$</b>	

## Essential Information

1	<b>Date of first Diagnosis</b>		<b>Please list the cause of iron deficiency</b>	
2	<b>What tests have been done to evaluate? List dates and results.</b>			
	<input type="checkbox"/> Colonoscopy			<input type="checkbox"/> Upper Endoscopy (EDG)
	<input type="checkbox"/> Flexible Sigmoidoscopy			<input type="checkbox"/> UGI Xrays
	<input type="checkbox"/> Barium Enema			<input type="checkbox"/> Stool hemocult/guaiac
	<input type="checkbox"/> Others			
3	<b>Has client been hospitalized for treatment</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b><i>If yes, give details, dates and lengths of stay</i></b>	
4	<b>List current medications (accurate name, dosage and reason)</b>			
5	<b>Does the client have any other health issues</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b><i>If yes provide details:</i></b>	

**Confidential**

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Date Published: 11/5/2014

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