

# Sickle Cell Anemia 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>What is the current hemoglobin?</b>		
2	<b>What type of sickle cell anemia does client have</b>	<input type="checkbox"/>	Sickle Cell (SS)	<input type="checkbox"/>	Sickle Cell Trait (SA)
		<input type="checkbox"/>	Sickle Cell (SC)	<input type="checkbox"/>	Hemoglobin C
3	<b>Is there a history of complications?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, check those that apply and give the date of last episode</i>				
	<input type="checkbox"/>	painful crisis			
	<input type="checkbox"/>	aseptic necrosis of bones			
	<input type="checkbox"/>	leg ulcers			
	<input type="checkbox"/>	lung scarring			
	<input type="checkbox"/>	thrombosis			
	<input type="checkbox"/>	enlarged heart			
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	If yes provide details:		

**Confidential**

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