

FAMILY HISTORY & HEALTH STATUS QUESTIONNAIRE

Instructions

Secor Advisors, LLC

Complete each question accurately. All information provided is confidential!

Part 1. Information about the individual

1. NAME DATE OF BIRTH (DOB) AGE 76 PROFESSION
2. ADDRESS (Primary Residence) Policy Holder Name Policy Holder Address
3. Gender (circle one) Female Male Height 5'4 Weight 172

Part 2. Medical History & Family History

1. Parents and Relatives History - Provide cause of death and age

Father 87 - Blood Disorder Mother 90 Heart Failure Brother 72, 68 Sister 304 Alive Grandparent

2. Date of last medical exam: List Specialists

3. Circle operations or procedures you have had and in which year, include brief explanation, e.g. Stent

Joint Back Neck/Head Heart Circulatory
Lung Kidney Eyes Hernia Other

4. Please circle the following for which you have been diagnosed / treated (and date) by a physician or health pro:

Alcoholism Diabetes Kidney problem Anemia, sickle cell
Emphysema Asthma Bronchitis chronic Eye problems
Obesity Phlebitis Bleeding trait Rheumatoid arthritis
Heart problem Hyperlipidemia Circulatory problems High blood pressure
Stroke/TIA Cirrhosis Liver Thyroid problem Hypoglycemia
Ulcer Cancer Colorectal Other Congenital Defects

5. Circle all categories of medications taken in the last 6 months

Blood thinner Epilepsy Cholesterol Hormones Diabetes Thyroid Liver
Heart rhythm Heart High blood pressure Stroke Other

List Drugs AZOR - 5/20 BID, VOSCAR 5mg, Nitrofur 50mg, Flaxix 75mg

Part 3. Health - related behavior

1. Do you smoke? No Yes History & Date Quit
2. Alcohol No Yes History/Number Drinks per Day & type 2-6 MD
3. Sleep Apnea? No Yes Physician's Report/CPAK?

Part 4. Life Insurance application history

1. Have you been rated or declined by Life Insurance Company? No Yes Carriers
2. Reason for rating or decline?