



Appletree Financial Network
CEREBRAL VASCULAR and NEUROLOGICAL QUESTIONNAIRE

Proposed Insured's Name: DOB: Sex: M F
Tobacco Use: Yes No Amount: Height: Ft. In. Weight:
Broker's Name: Face Amount:
BGA: Phone: Fax:

Proposed Insured please answer the following:

1. Indicate what you have been diagnosed with:

- Amnesia, Stroke (Cerebral Vascular Accident / CVA), Tremor, Transient Ischemic Attack (TIA or "mini-stroke"), Parkinson's Disease, Organic Brain Syndrome, Dementia, Alzheimer's Disease, Other:

2. Please give date(s) of diagnosis and occurrence(s):

Date: Details:
Date: Details:
Date: Details:

3. Have any special tests or studies been done (i.e. CAT scan, MRI, Stress Test)?

No Yes, Details:

4. Have or do you require assistance on a regular basis? No Yes, Details:

5. Are you fully recovered? No Yes, Details:

6. Do you have any other major health problems?

7. Are you on any medication(s)? No Yes, Name(s) and dosage(s):

8. Date you last consulted your physician:

9. Name and address of your physician(s):

Underwriter's Notes:

Date: Proposed Insured's Signature: