SIMPLICITY
ILLINOIS

MEDICAL HISTORY QUESTIONNAIRE: STROKE/TIA

Client Name: ______________________ Date of Birth: ____________

Gender: ☐ Male ☐ Female Height: ____________ Weight: ____________

Tobacco Usage:
- ☐ Never
- ☐ Former Date Stopped: ____________
- ☐ Current Type: ____________

Coverage Information:
Type: ☐ Term ☐ UL ☐ IUL ☐ WL ☐ VUL ☐ Survivorship
Face Amount: ____________
Premium Tolerance: ____________

Proposed Insured's Existing Insurance			
Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of the episode(s)? ____________
2. Were any of the following studies completed?
   - ☐ Carotid Ultrasound Date: ____________
   - ☐ Head CT or MRI Date: ____________
   - ☐ Echocardiogram Date: ____________
3. Was the client hospitalized? ☐ No ☐ Yes; please provide details ____________
4. When did the client last see their doctor for evaluation? ____________
5. Please check any of the following that your client has had:
   ☐ Coronary Artery Disease ☐ Diabetes ☐ Elevated Cholesterol ☐ Heart Attack
   ☐ High Blood Pressure ☐ Peripheral Vascular Disease ☐ Stroke
6. Has surgery ever been done on any carotid artery(ies)? No Yes; please provide details
7. Give the date and results of the most recent blood pressure readings:
   Date: Results:
8. Are there any residuals (limitation of movement, speech or vision)? ☐ No ☐ Yes; please provide details
9. Please list current medications (including inhalers):

Name of Medication	Dosage	Reason

10. Are there any other health issues? (Additional Questionnaires may be required) ☐ No ☐ Yes
If yes, please provide details: ____________