

# Rheumatoid Arthritis Quote Request

Name \_\_\_\_\_ Sex M F Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Smoker? Y N State \_\_\_\_\_

Coverage Desired? \_\_\_\_\_ Amount \_\_\_\_\_ Plan Desired? \_\_\_\_\_

Have you ever been Rated or Declined for insurance? If YES Complete details please

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Have you ever been diagnosed with Rheumatoid Arthritis? Y N

Date of first diagnosis \_\_\_\_\_

Have you ever experienced any of the following: (Please circle those that apply)

Weight loss                      Fever                      Low Blood Counts                      Lung Disease  
Heart Disease                      Kidney Disease                      Liver Enzyme Abnormality

Please indicate functional ability (Please circle those that apply)

Fully active                      Sedentary                      Uses Walker, Cane, etc.                      Uses Wheelchair

What have been your recent Blood Pressure readings? \_\_\_\_\_ Cholesterol \_\_\_\_\_

Do you have Diabetes? Y N When Diagnosed? \_\_\_\_\_

If YES, what medication are you taking? \_\_\_\_\_

Do you have any Family History of Heart Disease or Diabetes? \_\_\_\_\_

What Lifestyle Changes have you made to treat your illness? \_\_\_\_\_

Please list all medications being taken: \_\_\_\_\_

Do you have any other major health problems? (example: cancer, etc)? \_\_\_\_\_

Broker Submitting Questionnaire: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please send completed form:

Victorson Associates, Inc. PO Box 863 Smithtown, NY 11787  
You may Fax to: (631) 265-7054 or E-mail to: [vainc@victorson.com](mailto:vainc@victorson.com)