



Lyme Disease Questionnaire

Agent Name: _____ Phone #: _____

Agent E-mail: _____

Client Name: _____ Date of Birth: _____

Sex: Male / Female Height: _____ Weight: _____ State: _____ Smoker: Yes / No

Face Amount: \$ _____ Type of Insurance: UL WL SUL Term (# of years _____)

1. When was the proposed insured first diagnosed with Lyme Disease? _____

2. What stage of Lyme Disease has been diagnosed?

Stage 1 – Early Stage 2 – Disseminated Stage 3 – Late/Chronic

3. Does the proposed insured experience any of the following symptoms? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Headache and stiff neck |
| <input type="checkbox"/> Fever and chills | <input type="checkbox"/> Muscle and joint pain |
| <input type="checkbox"/> Swollen lymph nodes | <input type="checkbox"/> Paralysis of facial muscles |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Abnormal heart rate |
| <input type="checkbox"/> Chronic Lyme arthritis | <input type="checkbox"/> Memory loss/difficulty concentrating |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Other: _____ |

4. Is the proposed insured disabled as a result of this condition? Yes No

If yes, provide details monthly disability income: _____

5. Does the proposed insured being treated for any other health conditions? Yes No

If yes, provide details: _____

6. Is the proposed insured currently taking any medication(s)? Yes No

If yes, provide name, dosage and frequency of medication(s) _____

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