



Psoriatic Arthritis 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 Psoriatic Arthritis? _____

2. Which type of psoriatic arthritis has been diagnosed?

- Symmetric arthritis
- Asymmetric arthritis
- Distal interphalangeal predominant
- Spondylitis
- Arthritis mutilans

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

- Pain, stiffness, swelling in joints
- Irritation and redness of the eye
- Red, scaly patches of the skin

4. How is the proposed insured being treated?

- Anti-inflammatory drugs Details & Date: _____
- Disease-modifying antirheumatic drugs
(Methotrexate, Neoral, Sandimmune) Details & Date: _____
- Steroids Details & Date: _____
- Biologic therapy (Enbrel) Details & Date: _____
- Physical therapy Details & Date: _____
- Assistive devices Details & Date: _____
- Other: _____

5. Is the proposed insured disabled as a result of this condition? 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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