

Underwriting Questionnaire | Thyroid Disease (non-cancerous)



Financial Professional Information

Name: _____ Phone: _____ Date: _____

Client Information

Name: _____ Date of Birth: _____ State of Residence: _____

Male Female Face Amount: _____ Max Premium \$ _____ /yr.

Desired Life Insurance Type: Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency: _____ Date of Last Use: _____ Type: _____

Thyroid Disease Information

Has the client been diagnosed with a thyroid condition? Yes No If yes, what is the exact condition and when was it diagnosed?

Condition Name: _____ Date of Diagnosis: _____

Is there any diagnostic screening pending to determine a diagnosis or treatment plan? Yes No

Is the client's thyroid condition a disorder specifically of their thyroid, or has their doctor informed them that their thyroid condition is secondary to some other underlying problem, pituitary failure, for example? _____

Has the client had any thyroid imaging? Yes No If yes, when was the most recent imaging, and what were the findings?

Date of Most Recent Imaging: _____ Findings of Most Recent Imaging: _____

What treatment, if any, has been prescribed? _____

Does the client have any ongoing symptoms related to their thyroid condition? If yes, explain the type, frequency, duration, and severity of symptoms.

Has the client had any cardiovascular problems? Yes No Has the client's blood pressure been well controlled? Yes No

Does the client consider their thyroid condition well controlled? Yes No

Please list the most recent date and value for the following thyroid lab tests:

Thyroid Lab Test	Date	Value	Results/Status (stable, trending up, or trending down)
Thyroid-stimulating hormone (TSH)			
Thyroxine (T4)			
Triiodothyronine (T3)			

Has the client had any other thyroid-related lab testing with abnormal results? Yes No

If yes, provide the specific test(s), date(s), and result(s) below.

Please provide a list of all current medications on the next page. —————>

List all current medications, date started, and the exact diagnosis for which they were prescribed.

Name of Medication and Diagnosis (prescription or otherwise)	Dates Started	Quantity Taken	Frequency Taken