



## Anemia

*Please answer all questions applicable to the client's medical history.*

Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.  Term  Permanent

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

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

### Type of Anemia

- Sickle cell (select type of Sickle cell)  Sickle cell B0 or B+  Sickle cell trait  hgb C
- Iron deficiency
- Hemorrhagic
- Sideroblastic  Inherited  Acquired
- Hemolytic  Inherited  Acquired
- Thalassemia  Inherited  Acquired
- Chronic Disease

### Select any complications

- Necrosis of bones  Leg ulcers  Lung scarring  Blood clots
- Enlarged heart  Kidney problem  Blood transfusion  Liver or spleen

Current hgb (hemoglobin) \_\_\_\_\_ Current hct (hematocrit) \_\_\_\_\_ Current rbc (red blood cells) \_\_\_\_\_

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:

## Questions?

**Please call your McGill Brokerage Marketing Team at 800-279-0751.**