



CEREBROVASCULAR ACCIDENT (STROKE) QUESTIONNAIRE  
***Global Insurance Resources Group Inc.***  
 9744 WILSHIRE BOULEVARD SUITE 306, Beverly Hills, CA 90212  
 PHONE (310) 550-3300 FAX (310) 550-3390

CLIENT: NAME \_\_\_\_\_ [ ] M [ ] F, DATE OF BIRTH \_\_\_\_\_

AGE \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_ STATE \_\_\_\_\_

AMOUNT REQ. \$ \_\_\_\_\_ MAX. ANNUAL PREMIUM \$ \_\_\_\_\_

TYPE OF INSURANCE: [ ] PERM [ ] TERM YRS. LEVEL \_\_\_\_\_

TOBACCO USE: [ ] NO [ ] YES, DETAIL \_\_\_\_\_

REPLACING? [ ] NO [ ] YES CURRENT ANN. PREM. \$ \_\_\_\_\_

LAST LIFE INSURANCE APP. YEAR: \_\_\_\_\_ COMPANY \_\_\_\_\_  
 ACTION \_\_\_\_\_

AGENT: NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**1. THE DATE OF CLIENT'S FIRST STROKE:**  
 MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

**2. THE DATE OF CLIENT'S LAST STROKE:**  
 MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

**3. NUMBER OF STROKES SUFFERED DURING THE LAST 24 MONTHS:**

- [ ] NONE
- [ ] ONE
- [ ] TWO OR MORE

**4. HAS THE CLIENT EVER HAD CAROTID ARTERY SURGERY AS THE RESULT OF A STROKE? [ ] NO [ ] YES, PLEASE DETAIL:**

\_\_\_\_\_  
 \_\_\_\_\_

**5. APPROXIMATE DATE OF THE LAST STRESS EKG:**

- [ ] WITHIN THE LAST 6 MONTHS
- [ ] 6 MONTHS TO A YEAR AGO
- [ ] MORE THAN A YEAR AGO

**6. LIST THE LAST CHOLESTEROL READING, IF KNOWN:**

**8. HAS A PARENT, BROTHER OR SISTER DIED PRIOR TO AGE 65, OTHER THAN BY ACCIDENT?**

[ ] NO [ ] YES, PLEASE DETAIL \_\_\_\_\_

\_\_\_\_\_

**9. CLIENT'S OCCUPATION** \_\_\_\_\_

**10. DOES THE CLIENT EXERCISE THREE OR MORE TIMES PER WEEK?**

[ ] NO [ ] YES, PLEASE DETAIL \_\_\_\_\_

\_\_\_\_\_

**11. PLEASE LIST ANY OTHER IMPAIRMENTS OR ILLNESSES; ALONG WITH ANY AND ALL MEDICATIONS CURRENTLY BEING TAKEN, INCLUDE THE DOSAGE AND FREQUENCY OF EACH:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **HDL RATIO** \_\_\_\_\_

**7. LIST THE LAST BLOOD PRESSURE  
READING, IF KNOWN:**

\_\_\_\_\_ **SYSTOLIC** **DIASTOLIC** \_\_\_\_\_

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