



RHEUMATOID ARTHRITIS 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. PLEASE LIST THE DATE OF FIRST DIAGNOSIS**

\_\_\_\_\_

**2. IS THE CLIENT ON ANY MEDICATIONS FOR THE DISEASE?**

[ ] NO [ ] YES, PLEASE DETAIL

\_\_\_\_\_

**3. HAS YOUR CLIENT EXPERIENCED ANY OF THE FOLLOWING**

[ ] WEIGHT LOSS

[ ] FEVER

[ ] LOW BLOOD COUNTS

[ ] HEART DISEASE

[ ] LUNG DISEASE

[ ] LIVER ENZYME ABNORMALITY

[ ] KIDNEY DISEASE

**4. PLEASE LIST FUNCTIONAL ABILITY:**

[ ] FULLY ACTIVE

[ ] SEDENTARY

[ ] USES WALKER, CANE, ETC.

[ ] USES WHEELCHAIR

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

[ ] NO [ ] YES, PLEASE DETAIL

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**5. HAS A PARENT, BROTHER OR SISTER DIED  
PRIOR TO AGE 65, OTHER THAN BY  
ACCIDENT?  
 NO  YES, PLEASE DETAIL**

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