

## Cholesterol Questionnaire

oker Name:		Date:
one:		Fax:
Mail:		
dress/City/State/Zip:		
IENT INFORMATION		
me:		□ M □ F
te of Birth:	Height:	Weight:
cupation:		
urance Amount	_ Insurance Type: 🗌 T	erm Universal Life Whole Life
ath Benefit:	_	☐ Second to Die ☐ Variable
ve you ever used tobacco or nic	cotine products? 🗌 Ye	es 🗌 No
es, what type of product did you	u use?	es 🗌 Cigar 🔲 Pipe 🔲 Other
IOLESTEROL INFORMATION		
<ol> <li>Do you know your cholesterol level? ☐ Yes ☐ No</li> </ol>		
Total cholesterol?	HDL	
Additional Comments?		
	one:  Mail:  dress/City/State/Zip:  LIENT INFORMATION  Ime:  Ite of Birth:  Excupation:  Surance Amount  Eath Benefit:  Ive you ever used tobacco or nice  Ves, what type of product did you  HOLESTEROL INFORMATION  Do you know your cholesterol  Total cholesterol?	one:  Mail:  dress/City/State/Zip:  LIENT INFORMATION  Ime:  Ite of Birth: Height:  Coupation:  Surance Amount Insurance Type: The ath Benefit:  Inve you ever used tobacco or nicotine products? Years, what type of product did you use?  HOLESTEROL INFORMATION  Do you know your cholesterol level? Years Note Total cholesterol? HDL