

Updated Health Questionnaire

(Please Copy As Needed For Spouse)

Client Name

Date

Since the last time you applied for insurance have you:

- 1) Had any change in your health? If yes please provide details:
- 2) Current weight? _____
- 3) Weight loss or gain of more than 10 pounds in the past 10 years? If yes please provide details below:
- 4) Have you had any traffic violations, (ticket), for any reason - If yes, please provide details below:
- 5) Have you used tobacco in any form, to include, cigars, chewing tobacco, and/or nicotine substitutes, ie, gum, lozenges, etc.? If yes and no longer use any of these products when did you quit?
- 6) Have you or anyone in your immediate family, Mom, Dad, Brothers and Sisters been diagnosed with cancer, circulatory, or heart conditions? If yes please provide details:
- 7) Have you or are you currently engaged in any type of hazardous activities, such as, sky diving, scuba diving, racing, etc.
- 8) Currently taking any medications? If yes, please list name of medication, dosage and frequency taken.
- 9) Any travel outside the U.S. and if so for what and for how long?
- 10) Receiving any kind of Chiropractic Care?

Please Fax the Completed Form to Chris D. Callen, Insurance Agent @ 614-899-2561 or e-mail the Form to cjm@cdcallen.com