



Johnny Huang Insurance Services
Lic #0D91215
(925) 457-2410

General Purpose

Name: _____

Male Female DOB _____

Height _____ Weight _____

Smoker? Yes No

Insurance Amount _____

Insurance Type UL/WL Term

1. Please list illness.

Please provide details.

2. Please provide month and year the illness was diagnosed. _____

3. What type of treatment was administered?
 surgery month/year _____
 medication (list)

Other type of treatment

4. When was the last time you visited a physician about this disorder?

- 0 to 6 months
- 6 to 12 months
- 12 to 24 months
- over 24 months ago

5. Please list last cholesterol reading (if known) _____

6. Please list last blood pressure reading (if known) _____ / _____

7. Do you regularly exercise 3 or more times per week?

- Yes (type) _____
- No

8. Please list any other illness or impairment.

9. Please list all medications currently being taken.

History of: Stroke/TIA Heart/Coronary
 Cancer Diabetes HBP Arthritis Cholesterol Other _____

Agent Name _____

Phone _____ Alternate Phone _____

E-Mail _____