BROOKFIELD PARTNERS

# Fibromyalgia Questionnaire

UNDERWRITING QUESTIONNAIRE

## AGENT & CASE INFORMATION

AGENT NAME | PHONE | E-MAIL

## PROPOSED INSURED

CLIENT NAME | DATE OF BIRTH | STATE

HEIGHT | WEIGHT | FACE AMOUNT

Sex: ☐ Male ☐ Female

Tobacco / Nicotine Use: ☐ Yes ☐ No

## COVERAGE REQUESTED

Type of Insurance: ☐ Universal Life ☐ Whole Life ☐ Survivorship

☐ Term — number of years:

## QUESTIONNAIRE

**1.** When was the proposed insured first diagnosed with Fibromyalgia?

**2.** Does the proposed insured suffer from any of the following symptoms? (Check all that apply.)

☐ Intestinal trouble ☐ Anxiety or mood disturbance

☐ Fatigue ☐ Headaches

☐ Allergies ☐ Raynaud's Syndrome

☐ Chronic Fatigue Syndrome

☐ Other

**3.** Is the proposed insured disabled as a result of this condition? ☐ Yes ☐ No

If yes, provide details:

**4.** Is the proposed insured currently taking any medication(s)? ☐ Yes ☐ No

If yes, provide name, dosage and frequency of medication(s)