



Application #

Agent #

PREGNANCY QUESTIONNAIRE (To be completed by Attending Physician/ Obstetrician-Gynecologist)

Proposed Life Insured (Last name, First name, Middle name)

Date of Birth (mm/dd/yy)

Height

Weight

Age

ft.	ins.
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lbs.

1. Number of pregnancies and deliveries? _____

2. Past History (for "YES" answers, please give details)

Questions	YES	NO	Details to "YES" Answer
a. Abortion			
b. Pre-eclampsia			
c. Abruptio Placenta			
d. Placenta Previa			
e. Ectopic Pregnancy			
f. Hypertension			
g. Uterine & Ovarian tumors			

3. Pre-natal check-up

DATE	AGE OF GESTATION	COMPLAINTS/ FINDINGS	TREATMENT

4. Laboratory Results: (CBC, Urinalysis, Blood Chemistry, ECG, etc.)

5. Present Condition:

6. Has any other Physician/s been consulted? If so, please give the name and address of the doctor, date consulted, and the reason for consultation

NAME OF DOCTOR	ADDRESS	DATE CONSULTED	REASON FOR CONSULT

I affirm that the answers I have given above are complete and true to the best of my knowledge.

Dated at _____ this ____ day of _____, 20 ____.

Signature over Printed Name of ATTENDING PHYSICIAN