



**VIVA Health Inc. Health Questionnaire--
Follow-up: Psoriasis**

Employee Name: _____ **Group Name:** _____
Proposed Insured: _____ **D.O.B.:** _____

1. When were you first diagnosed with Psoriasis?
2. Have you ever been hospitalized for this disorder? *If so, please indicate the hospital name and dates.*
3. How often do you see your physician? When was your last visit?
4. Are you on any medication? Yes _____ No _____ *If yes, please indicate the name of the prescription and dosage.*
5. Have you ever received light therapy? Please describe.
6. Has your physician recommended any treatment not listed above? *If yes, give details.*
7. Would you say that your illness is getting worse __, getting better __, or no change __.

I represent to the best of my knowledge and belief that each of the above statements and answers are complete and true. I understand that the answers to the above questions will be the basis of any coverage issued and that any incorrect answers may operate to void this insurance.

Date: _____ **Signature of proposed insured:** _____