



Viva Health Inc. Health Questionnaire—High cholesterol/ Triglycerides

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

1. When were you diagnosed with high cholesterol/high triglyceride level(s)?
2. Describe any symptoms (e.g. chest pains) you were experiencing prior to the above diagnosis which led you to seek medical help.
3. Please give the name and address of your physician.
4. Do you still experience any of the symptoms you described in question #2?
5. Please list any medications which have been prescribed to you since your diagnosis, including dates, dosages and frequency. Indicate which ones you are currently taking.
6. Has your doctor prescribed a low cholesterol diet for you? Yes No
Describe how often you follow it: Always Usually Sometimes Infrequently

7. Please list the following readings:

	<u>Total Cholesterol</u>	<u>HDL</u>	<u>LDL</u>
<u>At time of dianosis</u>	_____	_____	_____
<u>1 year ago</u>	_____	_____	_____
<u>6 months age</u>	_____	_____	_____
<u>Within last 3 months</u>	_____	_____	_____

8. How often are you scheduled for follow-ups/check-ups with your physician for this condition?
9. Do you smoke? If yes, how many cigarettes per day?

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 ant that any incorrect answers may operate to void this insurance.

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

Use reverse side for additional comments or if further space is needed